



French International Program Association
F I P A

FAMILY MEMBERSHIP FORM

For FIPA

Cash \$ _____

Chk # _____ \$ _____

Parent(s): LAST NAME: _____ FIRST NAME: _____

Parent(s): LAST NAME: _____ FIRST NAME: _____

Mailing Address: _____

CITY: _____ STATE: FL ZIP: _____

Enter only preferred form of contact:

Day _____ **Evening** _____

Cell _____ **E-mail address:** _____

(Please write CLEARLY-used for FIPA News only)

Parents' Business/Profession: _____

Student's Name

School

Grade

For FIPA

A

E

L

Please circle areas of interest where you can volunteer:

Educational (N) Cultural (O) Official/Government (P) Legal (Q) Membership (R)
Fundraising (S) Social Events (T) Sponsorship(U) Newsletter (V) Student Exchange (W)
Website (X) Media and External Communications (Y) Other areas of interest _____

Please mail this completed form with your check made payable to FIPA - All donations are tax-deductible.

Please check the appropriate level of annual membership:

- \$25.00 = Member
- \$50.00 = Sponsor (Incl. 1 T-shirt - SE / GWC - Given Size _____)
- \$100.00 = Patron (Incl. up to 2 T-shirts - SE / GWC - Given Size _____ - Given Size _____)

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