



French International Program Association
F I P A

MEMBERSHIP APPLICATION

(PLEASE WRITE CLEARLY)

If you were a member last year please check here

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: _____

Parents' Business/Profession: _____

Student's Name	School	Grade	Teacher
_____	/ _____	/ _____	/ _____
_____	/ _____	/ _____	/ _____
_____	/ _____	/ _____	/ _____
_____	/ _____	/ _____	/ _____

Would you consent to having this information printed in a directory for other members?	Yes	No
Do you speak French?	Yes	No
Do you speak English?	Yes	No
Would you be willing to work with a committee?	Yes	No
If you would be willing to work on a committee, please circle your areas of interest:		
Fund Raising	Newsletter	Student Exchange
Social Events	Sponsorship	Cultural
Media and External Communications	Website	Membership
	Official/Government	Legal
		Educational
	Other areas of interest _____	

Please mail this completed form together with your check made payable to:
"FIPA" to P.O. Box 430845, Miami, Florida, 33243-0845
All donations are tax-deductible.

Please check the appropriate level of annual membership. Cash Amt.: _____
\$15.00 = Member \$50.00 = Sponsor \$100.00 = Patron Check #: _____