

Membership and Class Registration Application – Term 1 /2 /3 /4 /5 /6 /7 /8 - (Circle the appropriate term please)

Personal Information --- ALL INFORMATION REQUIRED TO PROCESS REGISTRATION

First Name: _____ Last name: _____

Address: _____

City: _____ State: _____ and Zip: _____

Email: _____

If you are new to AF, how did you hear about us? Internet Radio Newspaper Referral Reputation

Class Registration (fill if you are registering for a class)

Indicate the class(es) for which you wish to register:

Class: _____ Day: _____ Time: _____ Teacher: _____

EARLY BIRD before the beginning of the term. Please note:
NO PRORATING IF YOU MISS CLASSES. You are welcome to
make-up in other classes. (Circle the amount please)

- \$180/90 per adult class
- \$180/135/90 per children’s class

LATE FEE after the beginning of the term. Please note:
NO PRORATING IF YOU MISS CLASSES. You are welcome
to make-up in other classes. (Circle the amount please)

- \$200/110 per adult class
- \$200/155/110 per children’s class

Membership (fill if you are only registering as a member)

Students are required to be a member in good standing. Membership is from September to September.

- I am a current member.
- Renew / Join as a new member. Select one of the following membership levels:

- | | |
|---|--|
| <input type="checkbox"/> Individual \$50.00/year from September to September | <input type="checkbox"/> Benefactor \$125.00 |
| <input type="checkbox"/> Individual Half Year \$25.00 from April 2nd to September 29th | <input type="checkbox"/> Angel \$250.00 |
| <input type="checkbox"/> Family \$80.00/year from September to September | <input type="checkbox"/> Patron \$500.00 |
| <input type="checkbox"/> Family Half Year \$40.00 from April 2nd to September 29th | <input type="checkbox"/> Life \$2,500.00 |

Note: Amounts donated above the Individual or Family level may be tax deductible according to IRS guidelines.

Office use only

Class or tutoring 225/ 200 /180 /155 /135 /110 /90 /50 Books _____ Membership _____

Payment

Total amount enclosed: \$ _____

Card # _____ exp. (mm/yy) ____/____

Check

Cash

Signature: _____ Date: _____