

French Business Council Of Arizona – Membership form

Name: _____ Spouse : _____

Profession: _____ Date: _____

Mailing Address: _____

City: _____ Zip Code: _____ State: _____

Home Phone: (_____) _____ Work Phone : (_____) _____

Email: _____ Fax : (_____) _____

How did you heard about our organization? _____

What are your reasons for joining? _____

Membership:

- ◇ Student : \$25
- ◇ Individual: \$50
- ◇ Entrepreneur: \$150
- ◇ Corporate: \$300

Are you a new member? _____

Please make checks payable to French Business Council of Arizona and mail with this form to:
Membership Secretary,
FABCAZ,
1602 E Kathleen Rd, Phoenix,
AZ 85022.

For additional information, please send an email to members@fabcaz.org.