



# fi : af

## TCF for French Citizenship (TCF ANF)

REGISTRATION FORM – Test Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Area Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Title: Mr.  Ms.

Date of Birth: \_\_\_\_\_ (please write out)

Place and Country of Birth: \_\_\_\_\_

Nationality (only one): \_\_\_\_\_

Usual Spoken Language (only one): \_\_\_\_\_

I am a FIAF member Membership #: \_\_\_\_\_

I am not a FIAF member

	FIAF members	Non-members
Listening Comprehension and Oral Expression	\$200	\$215

Test Fee Payment by Check  (you can sign up in person at FIAF before the registration deadline or mail it to

Ms. Voahangy Siraisi, 22 East 60<sup>th</sup> Street, New York, NY 10022)

VISA  MC  AMEX  # \_\_\_\_\_ Name on card: \_\_\_\_\_

Expiration Date: Month \_\_ Year \_\_

I've learned about this test by \_\_\_\_\_