MEMBERSHIP FORM
FRANCOPHONE STUDENT ASSOCIATION (FSA)
at Indiana University Purdue University Indianapolis (IUPUI)
Academic Year 2008-2009

The mission of the Francophone Student Association is to support the learning and use of the French language at IUPUI and to promote awareness and understanding of francophone cultures among the IUPUI community.

**Type of Membership** *(Please check one.)*

- [ ] Voting *(IUPUI Students)*
- [ ] Honorary *(Other than IUPUI students)*

**Contact Information**

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<th>First Name(s)</th>
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**Preferred Contact Method** *(Please circle one.)* Email Phone Postal

*Voting Members: May we include you on our Oncourse site?*  
Yes   Not at this time.

**Academic Information**

**Student Status:** *(Please check one.)*  
- [ ] Undergraduate  
- [ ] Graduate  
- [ ] Other _________

**Major(s):** ____________________________________________________________

**Minor(s):** ____________________________________________________________

**Expected Month and Year of Graduation:** ________________________________

Are you currently enrolled in a French course at IUPUI?  
Yes   No

If so, which course(s)? ________________________________________________
Interest in the French Language / Francophone Cultures

How did you first hear about the Francophone Student Association? ________________________________

For how long have you been studying French? __________ Are you a native speaker? ____

If not, in which area would you most like to improve your French? ______________________________

Have you ever lived in or visited a francophone country / province / department? Yes No

If so, which one(s)? _______________________________________________________________________

Why are you interested in the French language and/or Francophone cultures? _________________
________________________________________________________________________________________

In which types of activities / events / programs are you most likely to participate? (Please check.)

 _____ Pause-café (Conversation group)          _____ Francophone cultural events/ presentations

 _____ Film series / outings (theatrical releases) _____ Games

 _____ Francophone guest speakers          _____ Poetry readings & discussions

 _____ Tutoring / studying sessions          _____ Francophone restaurant outings

 _____ Francophone cuisine pitch-ins          _____ Fundraising events / activities

 _____ Community service projects          _____ Co-sponsored events w/ other student org.

 _____ Co-sponsored events w/ other Indianapolis francophone groups (e.g. French Alliance, other universities, etc.) _____ FSA marketing / promotional activities

*Additional ideas or suggestions: ____________________________________________________________________________________

General availability for meetings, activities, events, etc. (Days and times)

________________________________________________________________________________________

________________________________________________________________________________________

In signing this form, I agree to support the mission of the Francophone Student Association and to uphold and abide by its constitution and by-laws. Additionally, I attest that the information that I have provided is true and accurate.

_____________________________              _____________________
Signature of Voting / Honorary Member              Date

_____________________________              _____________________
Signature of Organization President              Date