



Alliance Française Albury Wodonga Inc.

DELF/DALF REGISTRATION 2015

☐ Mr. ☐ Mrs. ☐ Miss

SURNAME: _____ **NAME:** _____

OCCUPATION: _____

ADDRESS: _____

MOBILE NUMBER: _____ **EMAIL:** _____

NATIONALITY 1ST _____ **2nd** _____

DATE OF BIRTH: _____

CITY OF BIRTH: _____ **COUNTRY OF BIRTH:** _____

WHERE DID YOU HEAR ABOUT DELF/DALF? _____

WHAT IS YOUR PURPOSE? ☐ CERTIFICATION ☐ WORK ☐ STUDY IN FRANCE ☐ OTHER

IF YOU HAVE ALREADY PASSED UNITS OF DELF OR DALF, PLEASE FILL IN THIS SECTION :

REGISTRATION NUMBER: _____

UNITS PASSED: A1.1 ☐ A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐

WHICH YEAR? _____ **WHICH COUNTRY?** _____

I WOULD LIKE TO SIT FOR:

DELF A1 ☐ **A2** ☐ **B1** ☐ **B2** ☐

DALF C1* ☐ **C2*** ☐

***spécialisation en C1 et C2 : lettres & sciences humaines** ☐ **sciences** ☐

DATE & SIGNATURE:

\$145 for DELF A1 or A2

\$175 for DELF B1 or B2

\$230 for DALF C1 or C2

Receipt no _____ **Amount** _____ **Registration Number** _____

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