Test de Connaissance du Français pour le Canada
REGISTRATION FORM – Test Date: ________________

Last Name: ___________________________ First Name: ___________________________
Address: _________________________________________________________________
City: ___________________________ State: ___________ Area Code: ___________
Home Phone #: ___________________________ Mobile Phone #: _________________________
Email Address: ___________________________________________________________
Title:  Mr.  ☐  Ms.  ☐  Prefer not to say  ☐

Date of Birth (Format: 18 August 1979): ______________________________________
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

Please circle any amount(s) below

<table>
<thead>
<tr>
<th></th>
<th>FIAF members</th>
<th>Non-members</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 4 sections (Listening/Reading Comprehension, Oral and Written Production)</td>
<td>$350</td>
<td>$385</td>
</tr>
</tbody>
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☐ I understand there is a $5.00 administration fee in addition to the exam fee.

Test Fee Payment by credit card only before the registration deadline or email it to Language Center at languagecenter@fiaf.org.

VISA ☐  MC ☐  AMEX ☐  # ___________________________ Name on card: ______________________
Expiration Date: Month __ Year ___  CVV: ______  Total Amount: ______________________
Reason I take the test:  ☐  Canadian immigration  ☐  Canadian citizenship
☐ I’ve learned about this test by _________________________________________________