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**TCF CANADA**

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

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

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

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

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

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

**Sex: Male ❑ Female ❑**

**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** |
| **All 4 sections (Listening/Reading Comprehension, Oral and Written Production)** | **$350** | **$385** |

**❑ 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 Ms. Voahangy Siraisi at** **vsiraisi@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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**