

TCF Integration, Residence, Nationality (TCF IRN)

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: French Citizenship Integration Residence in France

I've learned about this test by _____