



Membership Registration Form

Name:	Spouse Name
Address:	Birth Date:
City, State, Zip:	Birth Place:
Phone #:	Single Member Dues.....\$ 5.00 or
Birth Date:	Couple Membership Dues.....\$10.00
Birth Place:	Paid.....\$
Email address:	

Family Associate Members

NAME	[Minor children under age 18 still living with you]	BIRTHDATE

Membership Categories

This application is for which membership category? Check one.

Regular: Any person of Filipino ancestry or person married or had been married to a person of Filipino ancestry. Name of person w/Filipino ancestry _____

Associate: Other persons interested in Filipino culture and friendship and who are interested in actively participating in the activities and purposes of this Filipino American organization. Associate members have a six month probationary period to establish active membership, and upon review and approval by the Board of Directors; they shall be considered an associate member.

Name of regular member sponsor _____

I am interested and willing to serve on the following Committees. (Check all that applies)

- | | |
|---|--|
| <input type="checkbox"/> Bayanihan (Hospitality) | <input type="checkbox"/> Food |
| <input type="checkbox"/> Cultural Arts & Entertainment | <input type="checkbox"/> Fund Raising Projects |
| <input type="checkbox"/> Election | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Events & Social Activities | <input type="checkbox"/> Pilipiniana Folk Dancers |

What programs or activities would you like to see developed in the organization?

Could you help to develop and participate in the development of this activity?

To continue as a member in good standing, I must pay the **annual dues**, which are **due in June**. I understand that I must attend the Annual General Membership Meeting or at least one meeting annually.

Signature & date _____ Sponsor's signature: _____

Date received by secretary: _____ Date received & approved by the Board: _____ / _____