



# FILIPINO-AMERICAN CULTURAL ORGANIZATION MEMBERSHIP APPLICATION AND RENEWAL FORM

New Member                       Renewal                       Returning Former Member

**PRIVACY STATEMENT:** The organization takes every precaution to safeguard its member's personal and privacy information and will not release to them to any individual or entity without the expressed permission of the member concerned

Please provide the requested information below. Items in **bold text** are requested, all others are optional.

**1. How did you learn about the organization?** (Please check the applicable box.)

From a friend             Fil-Am website             Referred by: (Print name) \_\_\_\_\_

**2. Annual Membership Fee is \$20.00/person (must be at least 18 years of age)**

**3. Personal Information**

**Marital Status:**  Single             Married (Anniv Date: MMM. DD, Year) \_\_\_\_\_

**Last name:** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle name or initial** \_\_\_\_\_

**Other name you are known by:** \_\_\_\_\_ **Birthdate:** (Year optional) \_\_\_\_\_

**Place of birth (City, State, country):** \_\_\_\_\_ **Spouse First Name** \_\_\_\_\_

**Spouse last name if not same as applicant:** \_\_\_\_\_ **Birthdate:** (Year optional) \_\_\_\_\_

**Place of birth (City, State, country):** \_\_\_\_\_

**Address:** (Street, City, State, Zip Code) \_\_\_\_\_

**Phone Numbers:** Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**4. Familial Information**

Name of Minor Children

Age / Birthday

_____	_____
_____	_____
_____	_____
_____	_____

**5. Special skills or talents:** \_\_\_\_\_

Return the completed form as soon as possible to the person who provided it to you.

**DO NOT WRITE BELOW THIS LINE    VALIDATION USE ONLY    DO NOT WRITE BELOW THIS LINE**

Date Submitted \_\_\_\_\_ Effective date of membership \_\_\_\_\_

Method of payment:  Cash  Check

Total cash received \_\_\_\_\_ Check No. \_\_\_\_\_

Validated by (Treasurer's initial and date) \_\_\_\_\_

Explain below if amount exceeds membership due

Recorded by (Secretary's initial and date) \_\_\_\_\_

Database entry (Initial and date) \_\_\_\_\_