



FILIPINO-AMERICAN CULTURAL ORGANIZATION

P.O Box 6276, Oceanside, ca 92052-6272
www.FILAMCULTURAL.COM TAX ID: 33-0506739

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 \$12/person (must be at least 18 years of age)**

3. **Personal Information**

Marital Status: **Single** **Married** (Anniv date: mm. 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 as applicant: _____ **Birthdate:** (Year optional) _____

Address: (Street, City, State, zip code) _____

Phone Numbers: Home (_____) _____ **Mobile No.:** _____

Email Address: _____

4. **Familial Information**

Name of Minor Children	Age/Birthday
_____	_____
_____	_____
_____	_____
_____	_____

Special Skills or talents: _____

Return the completed form as soon as possible to the person 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) _____

