



**THE FILIPINO-AMERICAN COMMUNITY
OF FAIRFIELD, SUISUN, & VACAVILLE, INC.
P. O. BOX 316
FAIRFIELD, CA 94533**

Date _____ Renewal New Membership

Dear Sir/Madam:

Please accept my/our application for membership into your organization. I/We understand that upon approval/renewal of this application, I/we, if applicable, will be entitled to the benefits provided by the Constitution and By-Laws of the organization.

Annual Membership Dues:

Individual Adult \$10.00 active or continuing members

Family Membership..... \$25.00 for family with both parents and children aged 6 months to 18 years old
\$15.00 for family with single parent and children aged 6 months to 18 years old

Membership fees must be received beginning on January 1st of each year and are considered delinquent after April 30, 2021.

Names and birthdates of qualified children must be submitted when dues are paid.

Please make check payable to **Fil-Am Community FSV, Inc.** and mail to the above address.

MEMBERSHIP APPLICATION

(Complete all information and please PRINT legibly)

NAME _____ SPOUSE _____
 ADDRESS _____ HOME PHONE _____
 _____ CELL PHONE _____
 E-MAIL _____ E-MAIL _____
 BIRTHDAY (mm/day) _____ BIRTHDAY (mm/day) _____

<u>Name Of Dependents (6 mos. to 18 yrs. old)</u>	<u>Date Of Birth (mm/day/year)</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Signature)

Note: All information provided is confidential and will not be disclosed without your consent.

			For Office Use Only	
			Fil-Am Form 2006 (rev. 03/01/2021)	
_____	_____	_____		
Payment Received By	Date	Amount		
_____	_____	_____	\$	_____
Treasurer	Date	From	Amount	