

THE FILIPINO-AMERICAN COMMUNITY OF WESTERN NORTH CAROLINA

Application for Membership

Membership: New _____ / Renewal _____ ; Single (\$10) _____ / Family (\$20) _____

Regular Membership _____

Associate Membership _____ (Non-voting member who shares affinity/objectives with FAC-WNC. Resides outside of the Western North Carolina area.)

Membership Fee (Due on January 1st)

Date Paid _____ For the Year _____ Paid by: Cash _____ or Check (#) _____

Your Name: _____ Ph: Home _____ Work _____

Birth Date: _____ Originally from (Hometown) _____

Nature of Work/Business (optional) _____

Spouse' Name: _____ Ph: Home _____ Work _____

Birth Date: _____ Originally from (Hometown) _____

Nature of Work/Business (optional) _____

Home Address: _____

Mailing Address: _____

E-mail Address(es): _____

Okay to publish address in FAC-WNC directory? Yes _____ No _____

Okay to publish e-mail address in FAC-WNC directory? Yes _____ No _____

Okay to send newsletters/announcements via e-mail? Yes _____ No _____

Other household members:

Name	Birth Date	Name	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Hobbies and interests:

Committee Involvement:

Please check the committees/programs where you would like to help:

Ways & Means _____ Cultural _____ Civic/Humanitarian _____ Membership _____

Social & Entertainment _____ Sports and Outdoor _____ Fundraising _____

Publications _____ Public Relations _____ Set-up and Decorations _____

Hospitality _____ Mailing /Contact _____ Welcoming and Bereavement _____

Please return completed form to:

The Filipino-American Community of WNC

P O Box 17161

Asheville, NC 28816