

MEMBERSHIP FORM

PHILIPPINE AMERICAN ASSOCIATION OF PALM COAST

Dear Sir/Madam,

Please complete the application form below. Rest assured, your information will remain confidential and will only be used for official purposes. Thank you for your cooperation!

STATUS (CHECK)	MEMBERSHIP DONATIONS	CHECK WHICH OPTION APPLIES		
		1 YR	2 YR	3 YR
<input type="checkbox"/> NEW MEMBER	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> \$25	<input type="checkbox"/> \$40	<input type="checkbox"/> \$55
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> COUPLE	<input type="checkbox"/> \$50	<input type="checkbox"/> \$80	<input type="checkbox"/> \$110
<input type="checkbox"/> INFORMATION UPDATE	<input type="checkbox"/> FAMILY	<input type="checkbox"/> \$55	<input type="checkbox"/> \$85	<input type="checkbox"/> \$115

PERSONAL INFORMATION

Full Name

Spouse/Partner Full Name

Street Address

City

State Postcode

Phone Number E-Mail

MEMBERSHIP DONATIONS CAN BE PAID IN CASH OR BY CHECK. IF YOU CHOOSE TO PAY BY CHECK, PLEASE MAKE IT OUT TO PAAPC. ADDRESS IS PO BOX 359328, PALM COAST, FL 32135-0328

TREASURER: AURORA LOZADA. SIGNATURE: _____

DATE: _____

CONTACT US!

PAAPC92@GMAIL.COM

PAAPC A 501 (C) (3) NON-PROFIT CORP



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