



FILIPINO-AMERICAN ASSOCIATION OF MILTON, Inc MEMBERSHIP APPLICATION

1. FULL NAME _____ NICKNAME _____

2. DATE OF BIRTH _____

3. PRESENT ADDRESS _____

4. TELEPHONE (HOME) _____ (OFFICE) _____

5. EMAIL ADDRESS _____

6. SPOUSE FULL NAME _____ NICKNAME _____

7. DATE OF BIRTH _____

8. DEPENDENTS			
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. OCCUPATION (APPLICANT) _____
(SPOUSE) _____

10. SINCE THE AGE OF 18, HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A CRIME OTHER THAN A MISDEMEANOR TRAFFIC VIOLATION? IF YES PLEASE EXPLAIN.

11. WOULD YOU LIKE TO SERVE AS AN OFFICER OF THIS ORGANIZATION? ___ YES ___ NO

12. WOULD YOU LIKE TO SERVE IN A COMMITTEE? ___ YES ___ NO

13. FOR MILITARY PERSONNEL ONLY. PROJECTED ROTATION DATE _____

14. LIST OTHER FIL-AM OR CIVIC ORGANIZATIONS(S) YOU ARE CURRENTLY A MEMBER

15. MEMBERSHIP TYPE DESIRED: ANNUAL ___ LIFETIME ___

IN APPLYING FOR MEMBERSHIP, I AGREE TO SUPPORT AND ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE FIL-AM ASSOCIATION OF MILTON.

(SIGNATURE OF APPLICANT) (DATE)

(FOR NEW MEMBERS – NAME OF SPONSOR (DATE)
A CURRENT MEMBER OF FIL-AM MILTON