

# Annual Membership / Renewal Form



**PLEASE CHECK ALL THAT APPLY**

Date (mm/dd/yyyy): \_\_\_\_\_  New  Renewal Membership Type:  
 Lifetime Family - \$60 (yourself, spouse, and children under 18 living with you)  
 Lifetime Single - \$40 (adult 18 yrs. old and over)

**PERSONAL INFORMATION**

Name (First, Last): \_\_\_\_\_ Birthday: \_\_\_\_\_  
 Spouse Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Number: \_\_\_\_\_ Cellphone Number: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**CHILDREN UNDER 18** (children over 18 should submit a separate Membership Form)

NAME	AGE	BIRTHDAY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PAYMENT METHODS**

You can pay by Cash, Check, or Zelle.  
 If paying by check, please make check payable to **FIL-AM Society, Inc.** along with your completed membership form and mail it to: **PO Box 494195 Port Charlotte, FL 33949-4195**  
 If paying thru Zelle: [filamsociety@gmail.com](mailto:filamsociety@gmail.com)

**FOR FAS OFFICERS ONLY (members do not fill out this section)**

Amount Paid	Cash, Check or Zelle	Received By	Date