FAS Inc. Membership Form

PLEASE CHECK ALL THAT APPLY

Date (mm/dd/yyyy): _____ ☐ New ☐ Renewal

☐ 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:_____ Mobile 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 Venmo.

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 380003, Port Charlotte, FL 33938**

If paying thru Venmo: **filamsociety@gmail.com**

FOR FAS OFFICERS ONLY (members do not fill out this section)			
Amount Paid	Cash, Check or Zelle	Received By	Date