



Filipino American Society, Inc.

PO Box 494195 - Port Charlotte, FL 33949-4195

Email: info@filamsociety.org

www.filamsociety.org / www.facebook.com/filamsociety

Membership Renewal/Application

Name(s): _____ Date: _____

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Dependents: _____ Age: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Membership Fees: Annual Family - \$20.00 Lifetime Family - \$50.00
 Annual Single - \$15.00 Lifetime Single - \$35.00

Please make check payable to: **FIL-AM Society, Inc.**
PO Box 494195
Port Charlotte, FL 33949-4195

Date: _____

Received From: _____

Amount: _____

Membership Type:

Annual Family Annual Single Lifetime Family Lifetime Single

Authorized Signature: _____