

Filipino-American Foundation of New Mexico

Membership Application
P.O. Box 94146, Albuquerque, NM 87199

Today's Date: _____

Check One:

New Member:

Renewal:

| Family Name | First Name | M.I. | Date of Birth (Year Optional) | Occupation |
|-------------|------------|------|-------------------------------|------------|
| | | | | |

Please Print Clearly

| | |
|----------------|----------------|
| Address: _____ | Zip Code _____ |
|----------------|----------------|

Telephone Number: cell: _____ home: _____ work: _____ text: Y ___ N ___ facebook: Y ___ N ___

Email: _____

Please check if you DO NOT want your address, tel. # or email to be given out.

Please check if you WANT to receive emails from FAFNM.

Other Household Members

| Family Name | First Name | M.I. | Date of Birth | Relationship to Member |
|-------------|------------|------|---------------|------------------------|
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| Yearly Membership Fees | Dues | Total Dues | Voting Privileges | Total Paid |
|----------------------------------|------------|------------|-------------------|------------|
| Regular Family (both spouses) | \$15.00 | \$15/year | Yes | |
| Children under 18 years of age | None | None | No | |
| Children 18 years of age & older | \$10.00 | \$10/year | Yes | |
| Century | \$200.00 | | Yes | |
| Lifetime | None | None | Yes | |
| Honorary | None | None | No | |
| | Total Dues | \$ | | |

Donations: (Thank you for your support) PLEASE MAKE CHECKS PAYABLE TO F.A.F.N.M.

| | | | | | |
|------------------------|----|--|--|--|--|
| Scholarship Fund | \$ | | | | |
| Other Institutions | \$ | | | | |
| General Fund | \$ | | | | |
| Other (Please Specify) | \$ | | | | |
| Total Donations | \$ | | | | |

Payment: Check _____ Cash _____ Received By: _____ Date: _____
 Check# _____ (#)Years of Paid Membership _____
 (# - YYYY to YYYY)

_____ / _____
 Signature of Member Date Signature of Authorized Officer Date

MEMBERSHIP, DUES AND PRIVILEGES AS PROVIDED FOR BY THE ARTICLES OF ORGANIZATION
OF THE FILIPINO-AMERICAN FOUNDATION OF NEW MEXICO facebook.com/fafnm

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Please send your application with your payment to P.O. Box 94146, Albuquerque, NM 87199-4146