

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 _____
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Telephone Number: Home: _____ Work: _____ Fax: _____ Voice Mail: _____

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 the association.

Other Household Members

Family Name	First Name	M.I.	Date of Birth	Relationship to Member

Yearly Membership Fees	Dues	Total Dues	Voting Privileges	Total Paid
Regular Family (both spouses)	\$ 10.00	\$10/year	Yes	
Children under 18 years of age	None	None	No	
Seniors	\$ 10.00	\$10/year	Yes	
Individual	\$ 10.00	\$10/year	Yes	
Lifetime (Paragraph 1(A) By-Laws)	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.

FAFNM Scholarship Fund	\$	
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 CONSTITUTION AND BY-LAWS
OF THE FILIPINO-AMERICAN FOUNDATION OF NEW MEXICO

Rev-05-2009

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