



FILIPINO-AMERICAN COMMUNITY OF THE CAROLINAS (FACC) MEMBERSHIP FORM

FACC Use Policy: The names and addresses in the directory are only used for communication between FACC or in furtherance of projects of the organization. No other use is sanctioned.

For FACC use only: ☐ Cash ☐ Check ☐ Zelle/Venmo
Amount \$ _____ By: _____ Date _____ Membership Status _____

CONTACT INFORMATION

NAME: _____

MEMBERSHIP STATUS: ☐ NEW MEMBERSHIP ☐ RENEWAL FOR YEAR _____
☐ INDIVIDUAL ☐ FAMILY

EMAIL: _____ TELEPHONE: _____ BIRTHDAY: _____

MAILING ADDRESS: _____

FOR FAMILY MEMBERSHIP ONLY:

SPOUSE NAME: _____

EMAIL: _____ TELEPHONE: _____ BIRTHDAY: _____

CHILDREN (18 years old and below only):

1. _____ Age: _____ 3. _____ Age: _____

2. _____ Age: _____ 4. _____ Age: _____

COMMUNICATIONS & NETWORKING

Let us know what you prefer: ☐ EMAIL ☐ PHONE CALL ☐ TEXT

VOLUNTEERING (Let's us know your areas of interest)

- | | |
|--|---|
| <input type="checkbox"/> Sports Events | <input type="checkbox"/> Picnics |
| <input type="checkbox"/> Cultural Events | <input type="checkbox"/> Field Trips or Outreach Programs |
| <input type="checkbox"/> Musical Events | <input type="checkbox"/> Annual Fil-Am Gala |

Other (please specify): _____

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-----Fold and Cut Here-----

This is to certify that we have received your payment for your membership.

Name _____ Amount _____ ☐ Cash ☐ Check ☐ Zelle/Venmo

Date: _____ by: _____ Membership Status: _____