



FILIPINO COMMUNITY ORGANIZATION OF THE MONTEREY PENINSULA, INC.

629 Pearl Street, Monterey, CA 93940

(831) 214 - 2587

A Non- Profit Organization Established in 1940

Please complete this form to update the information

APPLICATION FOR MEMBERSHIP/ REINSTATEMENT RENEWAL INFORMATION UPDATE

Application Date: _____

Applicant's name: _____ Applicant's Date of Birth: _____

Home Address: _____

City: _____ State _____ Zip code: _____

Email address: _____ Alternate email address: _____

Home phone: _____ Cellphone: _____

I/we, hereby apply for membership/reinstatement as a regular member(s) in the Filipino Community Organization of The Monterey Peninsula. I was recommended by, _____ a club member in good standing.

If I/we am/are accepted I/we will pay \$40.00, Initiation fee (Family, Single, Student) and I promise to abide by the Bylaws and Constitution of the Organization and to cooperate to the best of my ability for the general promotion of the Organization's objective.

I/We agree to pay the membership dues in the amount of \$40.00 (per couple) \$25 per person at the beginning of each year.

My immediate dependents are as follows:

Name	Relationship	Date of Birth
	Spouse	

Applicant's Signature _____

Date _____

Membership benefits:

1. Sick benefits of \$50.00 will be paid to any sick member confined in any hospital for at least 3 days per year.
2. Get well card and gift given to the hospitalized member.
3. In case of death of a member, a beneficiary will receive \$200.00 from the organization and voluntary contribution from each member.
4. Rental fee waived for the use of the Filipino Community Hall for post burial reception of deceased member or immediate family members.
5. Discount rental use of the Filipino Community Hall after (6) six months membership. This benefit is applicable only to immediate family members.