



2016

**THE FILIPINO AMERICAN ASSOCIATION
OF NORTHEAST GEORGIA (FAANEGA)
P. O. Box 7123 – Athens, GA 30604**

MEMBERSHIP APPLICATION FORM

PERSONAL DATA:

Last Name _____ First Name _____ M.I. _____ Marital Status _____
Spouse/Partner's Name _____
Date of Birth _____ Spouse/Partner's Date of Birth _____
Dependent's Name _____ Date of Birth _____ Sex _____

Address _____
City & County _____ State _____ Zip Code _____
Home Phone No. _____ Work Phone No. _____
Cellular Phone No. (Optional) _____ E-mail Address _____

Committee(s) interested in participating (Please check):

_____ Ways & Means _____ Public Relations & Communication
_____ Social _____ Membership
_____ Education & Culture _____ Charity & Community Services
_____ Sports & Recreation _____ Others, please specify _____

MEMBERSHIP FEE: \$15.00 per **PERSON** and \$30.00 per **FAMILY** (Dependents under 18 yrs. old are free).

Applicant's Signature

_____ **For Office Use Only** _____

Amount Received \$ _____ **Received by** _____ **Date** _____

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Official Receipt

Date: _____

2016

Received from _____ the amount of \$ _____
as payment for FAANEGA membership for 20 _____.

Received by _____