

FAAMO Membership Form

Filipino-American Association of Missouri

Please Check:

New Member Renewing Member Family Single

Please Print

Family Name : _____ Given Name: _____ Spouse Name: _____

Work or Profession if any: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Hometown: _____

Birthdate: ____/____/____ Wedding Anniversary Date: ____/____/____

Email Address: _____ Send newsletter/flyers to me via: Email Snail mail (US Post Office)

Children under 18 (Children 18 and over and senior citizens, please join separately.)

Name	Birth Date	School	Grade

INTERESTS : Check all that apply:

___ Arts and Crafts ___ Drama/Theatre ___ Hiking/Camping ___ Sewing ___ Ballroom Dancing ___ Basketball

___ Cooking ___ Filipino Folk Dancing ___ Bowling ___ Computers ___ Filipino Heritage Classes ___ Golf

___ Photography/Video ___ Musical Instruments ___ Tennis ___ Tagalog Lessons ___ Choral Singing _____

Other: _____

FAAMO Committees I would like to be involved in: (Please encircle your choice)

Membership/Newsletter//Fund Raising/Food Committee/ Event Committee/Marketing

Dues: \$ 10.00/person, \$20/ family (Legal dependents are free). Amount paid \$ _____ Check# _____

Make check payable to: FAAMO