



FAACV

Filipino American Association
of Central Virginia

2017 Membership Application and Renewal Form

Basic Information:

Family Name:			Home Phone:		
Name:		Cell Phone:		*Email:	
Spouse:		Cell Phone:		Email:	
Address:					

*Required if you wish to receive the FAACV newsletter and announcements via email.

Other family members:

Name	Birth Year	Name	Birth Year

Group Participation:

Our success in the future will depend on our ability to develop our membership. Please review the following volunteer opportunities and check any that may be of interest to you.

- | | | |
|---|---|--|
| <input type="checkbox"/> Historian/Photographer | <input type="checkbox"/> Special Events Committee | <input type="checkbox"/> Fundraising Committee |
| <input type="checkbox"/> Food Committee | <input type="checkbox"/> Public Relations Committee | <input type="checkbox"/> Governance Committee |
| <input type="checkbox"/> Culture Committee | <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Other: _____ |

Please help us in planning our annual calendar by checking which activities that interest you.

- | | | |
|--|--|---|
| <input type="checkbox"/> Happy Hour | <input type="checkbox"/> Volunteer Work | <input type="checkbox"/> Social Dance/Mixer |
| <input type="checkbox"/> Restaurant Social | <input type="checkbox"/> Cultural/Educational Events | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Karaoke Night | <input type="checkbox"/> Sports & Games | <input type="checkbox"/> Other: _____ |

Hopes and Dreams for the Future:

What could FAACV do to improve?

Do you know anyone else that might be interested in joining our group? If so, please share their name and contact information so that we can reach out to them.

Membership Fee:

Total Members Applying/Renewing	Membership Fee	Total
Number of Adults _____	@ \$10.00	\$
Number of Students (18 y/o and over) _____	@ \$5.00	\$
Below 18 y/o or Over 60 y/o _____	Free	\$0
	Total Amount Enclosed	\$

Please make check payable to FAACV and mail completed form and check to:
Romeo Hernandez, 7117 Galax Road, Richmond, VA 23228

For Office Use Only:

Check #:	Add to Directory:	Amount of Check:	ID #: