



FILIPINO-AMERICAN ASSOCIATION OF ARIZONA (FAAAZ)
 12923 W. Tuckey Lane, Glendale, AZ 85307
MEMBERSHIP APPLICATION/INFORMATION

Name: _____

_____ Last

_____ Date

_____ Please check and initial, authorizing FAAAZ to publish your name for FAAAZ related events.

Family Member Information: Membership Fee: \$10 per family; \$5 for single (Please make checks payable to FAAAZ)

Names	Age (only for children)	Birthday (year-optional)	Interests/Hobbies

Anniversary Date: (optional) _____

Home Address: _____

Home Phone: _____ Cell phone: _____

Email Address: _____

Work Phone: _____ Occupation: (optional) _____

Employer and Address: (optional) _____

(optional)

Special talent(s)/skill(s) _____

Committee Membership Interests: (pls check any or all)

Entertainment

Special Events

Membership Drive

Fundraising

Officer

Other _____

Suggestions/Comments:



Please return application to any officers.
 Thank you.....Salamat po!
 Visit FAAAZ website: <http://www.faaaz.com>

