MEMBERSHIP APPLICATION & RENEWAL FORM

Filipino Community of Salinas Valley, Inc. (831)422-0830
250 Calle Cebu, Salinas, CA 93901 filipinocommunitysalinas.org

APPLICANT INFORMATION

Primary Member Name: _____

Spouse/Partner Name: _____

Address: _____

City/State/Zip: _____

Phone: _____Email: _____

ANNUAL MEMBERSHIP DUES & RECOMMENDATION

Check the appropriate category:

Individual – $30.00 [ ]
Couples – $60.00 [ ]
Organization – $75.00 [ ]

Recommended By: _____
(Print name of current FCSV member in good standing)

MEMBER DECLARATION

I/We hereby apply for membership and agree to abide by the FCSV Bylaws and support the mission of the Filipino Community of Salinas Valley Inc.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

FOR OFFICIAL USE ONLY (APPROVAL ROUTING)

This section must be completed by the Board of Directors for membership activation.

Recommendation Signature Date

Membership Chair [ ] Approve [ ] Deny _____Date:_____

Secretary [ ] Recorded _____Date:_____

President [ ] Final Approval _____Date:_____

Total Paid: $_____ | Payment Method: [ ] Cash [ ] Check #_____