

FAA MEMBERSHIP APPLICATION

(Member) : \_\_\_\_\_  
*Last Name First Name*

Spouse: \_\_\_\_\_  
*Last Name First Name*

Name of Dependents:	Date of Birth (00/0000)	Current Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

MEMBERSHIP DUES: Family \$20 (1 year) Single \$10 (1 year)  
Family \$40 (2years) Single \$20 (2years)

Please send your application and membership dues to the Membership Vice President:  
**Sheena Marie Clarke Attn: Mrs. Velva Campos**  
**6515 Fairfax Way Columbus, GA 31909**

*CHECKS SHOULD BE MADE PAYABLE TO **Filipino American Association***  
*(NOTE: MEMEBESHIP RENEWAL IS EVERY JANUARY)*

***Collection of your Personal Information:***

We do not collect any personal information unless you voluntarily provide it to us. We will ONLY use your information for, but not limited to, announcements and services you have requested from the association. We may also gather additional personal or non personal information in the future.

***Use of your Personal Information:***

We may use your personally identifiable information to inform you of future events, activities, benefits and services available to you and your family from the association.

[ ] I agree to publish my name and phone number to the roster given to FAA members. *Rosters with personal identifiable information will ONLY be disclosed to the elected officers (President, Vice Presidents, PROs, and Treasurer)*

[ ] I agree to be photographed for the promotion of the Organization to the media.

[ ] I decline to be photographed for the promotion of the Organization to the media.

*\*\*No names will be published with photographs.*