

**FILIPINO-AMERICAN SOCIETY OF CENTRAL ILLINOIS  
MEMBERSHIP APPLICATION/RENEWAL FORM**

Please check appropriate box:

- New Membership
- Renewal *(Complete items 1, 5, 10 & 11 only. Update other items as needed.)*

1. Name \_\_\_\_\_

If joining as a family:

1a. Name of Spouse \_\_\_\_\_  
1b. Name(s)/Birthday(s) of Child (ren)/Family \_\_\_\_\_

2. If married, wedding Anniversary \_\_\_\_\_

3. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Phone numbers where you can be reached: Home \_\_\_\_\_  
Work \_\_\_\_\_

5. E-mail Address \_\_\_\_\_

6. Profession (Optional) \_\_\_\_\_

7. Origin in the Philippines (Town & Province) \_\_\_\_\_

8. Date of Arrival in Peoria/Central Illinois \_\_\_\_\_

9. Hobbies/Interests/ \_\_\_\_\_  
Special Skills \_\_\_\_\_

10. Would you like to be involved in committee activities?  Yes  No

If yes, please select the group you would like to join (check one only):

- Membership and Recruitment
- Socio-cultural and Civic Affairs
- Youth Fellowship
- Other

11. Membership Dues:

Check applicable box(es):

- My payment is enclosed ( Single - \$10/year  Family membership - \$20/year)
- In addition to my dues, I am also donating \$ ----- to FASCI.

Signature: X----- Date: -----

Please fill-out and if paying by App, email to: OfficialFASCI@gmail.com



FASCI President

P.O. Box 10293  
Peoria, IL 61612-10293



Do not write below this Line-for FASCI use only.

- Approved as:  Registered  Associate  Honorary
- Not approved.

By: ----- Date: -----

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