

**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

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: -----

Pay by Check payable to FASCI and mail to P.O. Box 10293 Peoria, IL 61612-10293.
Or pay by one of the below Apps to (309) 981-9851 then email FASCI at
OfficialFASCI@gmail.com, to confirm App payment. Thank you!



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- Approved as: Registered Associate Honorary
- Not approved.

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

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