



# Big Bend Filipino-American Association, Inc.

## KAISAHAN · BAYANIHAN · DAMAYAN

### MEMBERSHIP FORM

NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Check if this is a new address

*Please make checks payable and mail to:*

BBFAA  
c/o Roselle Gainer  
5718 Roanoke Trl  
Tallahassee, FL 32312

ANNUAL MEMBERSHIP DUES : *	
<b>\$25</b> Regular (single or family)	<b>\$10</b> student
Lifetime <b>\$250</b>	5 years <b>\$115</b> 3 years <b>\$70</b>
Check one: <input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL
Membership Dues: \$ _____	
Contribution to BBFAA Scholarship Fund: \$ _____	
Total enclosed: \$ _____	
*after March 31: \$30 regular/ \$12 student	

#### FAMILY MEMBERS (included in this membership)

Spouse's Name \_\_\_\_\_ email: \_\_\_\_\_

Children's Names \_\_\_\_\_

and yr of birth \_\_\_\_\_

#### SKILLS and TALENTS

Please write down any special skills and talents you or your family members have - for example: dancing, singing, acting, literary, artistic, musical instruments, volunteering, organizing events, etc. Use the back for more space.

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#### SHORT SURVEY: What do you like about BBFAA? What would you like to see BBFAA do?

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#### TELL-A-FRIEND

Please write the name and contact information of a friend who you recommend for BBFAA Membership. Get 20% off your membership dues for every new member who joins. Use the back of this form if you need more space.

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_