



Big Bend Filipino-American Association, Inc.

KAISAHAN – BAYANIHAN – DAMAYAN

MEMBERSHIP FORM

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

Check if this is a new address

PLEASE MAKE CHECKS PAYABLE TO:

ANNUAL MEMBERSHIP DUES: *

BBFAA

\$25 Regular (family)

\$20 Single/Individual

\$10 Student

\$250 Lifetime

\$115 5-years

\$72 3-years

AND MAIL TO:

c/o Elvira Edens

9393 Boykin Rd

Tallahassee, FL 32317

Check one:

New

Renewal

Membership dues: \$ _____

Contribution to scholarship fund: \$ _____

Total enclosed: \$ _____

FAMILY MEMBERS (INCLUDED IN THIS MEMBERSHIP)

Spouse's name: _____ Email: _____

Children's names: _____ Email: _____

and year of birth: _____ Email: _____

_____ Email: _____

SKILLS AND TALENTS

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

SHORT SURVEY

What do you like about the BBFAA? What would you like to see BBFAA do?

TELL-A-FRIEND

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

Name: _____ Email: _____

Address: _____ Phone: _____