



*Filipino Community in American Samoa*  
**MEMBERSHIP APPLICATION FORM**

PICTURE

*Thank you for your interest in joining FCAS. Please provide information below:*

LAST NAME	FIRST NAME	MIDDLE NAME	NICKNAME
MAILING ADDRESS (P.O. Box)		VILLAGE	HOMETOWN / PROVINCE IN THE PHILIPPINES
TELEPHONE / CELLULAR NOS.	EMAIL ADDRESS	SEX M / F	CIVIL STATUS
DATE OF BIRTH	CITIZENSHIP	DATE OF ARRIVAL IN AM.SAMOA	YEARS IN AM.SAMOA
OCCUPATION	SPECIAL SKILLS / TALENT	RELIGION	
NAME OF SPOUSE		ADDRESS	TELEPHONE NO.
NAME OF CHILDREN		DATE OF BIRTH	NAME OF CHILDREN
1		4	DATE OF BIRTH
2		5	
3		6	
NAME OF FATHER		NAME OF MOTHER	
NAME OF BENEFICIARY		ADDRESS	TELEPHONE NO.
CONTACT PERSON IN CASE OF EMERGENCY			
NAME / RELATIONSHIP		ADDRESS	TELEPHONE NO. (Include area code)
REFERRED BY (Should be an FCAS active member)			
NAME		TEL. NO.	DATE

*Would you be willing to volunteer your time and talent? Please make a check mark on the areas you can help.*

<input type="checkbox"/> Social Committee <input type="checkbox"/> Sports Committee <input type="checkbox"/> Finance Committee <input type="checkbox"/> Emergency Assistance Committee <input type="checkbox"/> Information Committee <input type="checkbox"/> Cultural Committee <input type="checkbox"/> Membership Committee <input type="checkbox"/> Ways and Means Committee	<input type="checkbox"/> Food Committee <input type="checkbox"/> Decoration Committee <input type="checkbox"/> Public Relation & Welcoming Committee <input type="checkbox"/> Event /Clean-up Committee <input type="checkbox"/> Fund Raising & Solicitation Committee <input type="checkbox"/> Programs & Entertainment Committee <input type="checkbox"/> Others _____
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*By signing this form, I certify that all information is true and correct to the best of my knowledge and ability. I agree to comply with the Constitution and By-Laws of the FCAS, and whilst remaining a member I will do my best to promote the interests of the Association.*

APPLICANT SIGNATURE	DATE	RECEIVED BY:
<b>FOR OFFICIAL USE ONLY</b>		
O.R. # _____	APPROVED BY _____	
DATE _____	DATE _____	
AMOUNT _____	BOARD RESOLUTION NO. _____	<i>rYel / denz</i>