

# Filipino-American Association of Stafford, Virginia

## P.O. Box 594, Garrisonville, Virginia 22463



### Annual Membership/Renewal Application

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthday \_\_\_\_\_

Spouse Name \_\_\_\_\_ Birthday \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Children:**

1. \_\_\_\_\_ Birthday \_\_\_\_\_

2. \_\_\_\_\_ Birthday \_\_\_\_\_

3. \_\_\_\_\_ Birthday \_\_\_\_\_

4. \_\_\_\_\_ Birthday \_\_\_\_\_

I am affixing my signature below to signify my free will intention of applying for membership and further agree to follow the rules and regulations of the FAASV. I am also releasing the FAASV of any liabilities that will be incurred to my family and me during any association's events, functions, gatherings, meetings, and any related assembly. Please *make checks payable to Filipino-American Association of Stafford, VA, or FAASV.*

\_\_\_\_\_ Date Signed \_\_\_\_\_

Signature

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For Administrative Use Only FAASV # \_\_\_\_\_

Date Accepted \_\_\_\_\_ Amount Received \_\_\_\_\_ Receipt # \_\_\_\_\_

Signed by Membership Committee \_\_\_\_\_ Date \_\_\_\_\_

Signed by Treasurer \_\_\_\_\_ Date \_\_\_\_\_

**New Membership Application Fee:** Notes: (1) New Members who join in Jan-Nov must pay the renewal fee in December for the following coming year. 2. New Members who join in December will not have to pay this renewal fee until the end of the following year.

**New Membership Application Fee:**

**Family - \$20.00**

**Individual - \$10.00**

**Annual Membership Renewal Fee** -This is a yearly membership fee and is due every December 31st. This fee is paid in advance, which will cover the membership fee from Jan 1st to December 31st of the following/coming year.

**Annual Membership Renewal Fee:**

**Family - \$10.00**

**Individual - \$5.00**

I want to donate to the Scholarship Fund: \$ \_\_\_\_\_ Charity Fund \$: \_\_\_\_\_

The information collected herein is governed by the Privacy Act and will be used for FAASV purposes only. Membership is open to all interested persons who support FAASV's objectives as outlined in the FAASV Bylaws.



**Filipino-American Association of Stafford, VA  
P.O. Box 594  
Garrisonville, Virginia 22463**

**PHOTO/VIDEO WEBSITE RELEASE FORM**

FAASV occasionally photographs/videotapes during events for publicity, website, and posterity of the organization. There is a possibility that members and non-members attending FAASV events may be photographed or videotaped.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

I do \_\_\_\_\_ I do not \_\_\_\_\_ give consent to authorize FAASV the use and reproduction of all photographs, videos, or films taken of the person named above during FAASV events and activities. I understand there will be no compensation to me. All negatives and positives, together with said prints, videos, or films, are the property of FAASV. I also waive any right to inspect or approve any photos, videos, or films taken during any event. I affirmatively release and discharge FAASV from responsibility for any distortion or manipulation, whether intentional or otherwise, of photos, videos, or films taken of me.

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Member Signature

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Parent or Guardian Signature (if the above person is under 18 years of age)