



Filipino American Association of Pittsburgh, Inc.

## FAAP Membership Application/Renewal for 2010

**\$40 Family** (immediate family: spouse & children < 18 years old) **\$25 Single** **\$10 Student** (18-25 years old)  
**Lifetime Membership** (> 55 years old; ID required): **\$300** (couple) **\$200** (single)

**Calendar year membership valid: Jan 1-Dec 31** *Renewals due* on or before March 1.

*For new members only:* If paid after Oct 1, dues will be waived the following year.

<input type="checkbox"/> NEW Member	<input type="checkbox"/> RENEWAL	Date: _____			
<input type="checkbox"/> Family	<input type="checkbox"/> Single	<input type="checkbox"/> Student	<input type="checkbox"/> Check	<input type="checkbox"/> Cash	Amount \$ _____
<input type="checkbox"/> Lifetime-Couple	<input type="checkbox"/> Lifetime-Single	Check # _____	Make checks payable to "FAAP"		

### For primary applicant (one person):

Name \_\_\_\_\_

Postal Address \_\_\_\_\_

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

Township/County \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

FAAP news and announcements, FAAP Newsletter and other FAAP publications will be sent to the email address and/or postal address indicated above.

### For family or lifetime-couple membership:

Spouse's Name \_\_\_\_\_

Email Address \_\_\_\_\_

FAAP news and announcements, FAAP Newsletter and other FAAP publications will be sent to the email address and/or postal address indicated above.

**FAAP Newsletter Subscription.** To save on postage and printing costs, and help save the environment, the newsletter will be emailed to the address(es) specified above. If you wish to receive a printed copy, please check the box below.

Please send a printed copy of the newsletter to the postal address of the primary applicant

**FAAP Membership Directory.** If you wish to receive a membership directory, please check the box below.

Please send a printed copy of the membership directory to the postal address of the primary applicant

Which of the information written on this form should be included in the Membership Directory? Check one or more of the following:  **None** (I do not want to be listed)

**All** OR:  **Name** (incl spouse)  **Children's Names**  **Postal Address**  **Email Address**  **Phone**

**For family membership:** Please indicate here information about your child/children included in the membership. The child/children must be 17 y.o. or younger, and must be living in the same household as the primary applicant. Children are automatic members of the Young Filipino American of Pittsburgh (YFAP). YFAP news and announcements will be sent to the email addresses indicated below. Please use separate form if you need more space.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Email Address \_\_\_\_\_ Birth Year \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Email Address \_\_\_\_\_ Birth Year \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Email Address \_\_\_\_\_ Birth Year \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Email Address \_\_\_\_\_ Birth Year \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Email Address \_\_\_\_\_ Birth Year \_\_\_\_\_

### PHOTO/VIDEO RELEASE PERMISSION

I/We hereby grant to the Filipino American Association of Pittsburgh, Inc. (FAAP) and its representatives, agents, and assigns, the irrevocable and unrestricted right to use, reproduce, and publish still and moving images in print, electronic and other media of me/us and children under my/our custodian/guardianship, including my/our image and likeness as depicted therein which are identified in photographs/videos taken at FAAP-related events hereto, for the FAAP website, newsletter and any other official FAAP publications, and in any manner and medium; to alter the same without restriction. I hereby release the Filipino American Association of Pittsburgh, Inc. (FAAP) and its directors, officers, agents, legal representatives and assigns from any and all claims, actions, and liability relating to its use of said photographs and videos.

IN WITNESS WHEREOF, the undersigned, intending to be legally bound hereby sets their hand and seal the date written below.

Name(s) \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Membership Benefits:** Free admission to the summer picnic and Christmas party; free subscriptions to the quarterly newsletter and membership directory; access to members-only website; reduced fees to FAAP-sponsored events.

**Contact:** FAAP Membership Committee, Carmen Shively, 4610 Eliza St. West Mifflin, PA 15122  
[membership@theFAAP.org](mailto:membership@theFAAP.org)

FAAP Website: <http://theFAAP.org>

Members-Only Website: <http://myfamily.com/group/FAAP-Tambayan>