MEMBERSHIP APPLICATION

FILIPINO-AMERICAN REPUBLICANS OF VIRGINIA (FARV)

1. _____
   Name: Last First MI Birthday: Month/ Day

2. _____
   Address: City State Zip Phone

3. _____
   Business' Name/ Company

4. _____
   Business Address City State Zip Phone

5. Committee Participation: If you wanted to join a committee/s (please mark with an X).

   Membership: _____ Fundraising: _____ Voter Registration: _____

   Community Involvement: ____ Young Republicans: _____ Legislative Affairs: _____

   Health, Education & Welfare: _____ Grassroots Campaign: _____(lit drops, phone calls, etc)

6. (Optional): District: Congressional _____ Legislative _____ Precinct _____

7. Email address: _____ or Cell # : _____

I hereby apply for membership to the FILIPINO-AMERICAN REPUBLICANS OF VIRGINIA, INC. (FARV). If accepted as a member, I promise to abide by the Constitution and By-laws of the organization.

Enclosed is a non-refundable annual membership fee of: Twenty Five Dollars ($25.00) and a voluntary (optional) contribution in the amount of $_____. Total amount is $_____. (The total amount is non-tax deductible). I understand that this application is subject to further approval upon verification of voter registration.

_____
Applicant Signature

Nominated by:_____ Date: _____

Please make out check to: Filipino-American Republicans of Virginia, Inc. and mail to:

Filipino-American Republicans of Virginia, Inc.
6746 Anders Terrace, Mezzanine Floor
Springfield, VA 22151