

ALASKA FEDERATION OF FILIPINO-AMERICANS, INC. (AFFA) P.O BOX 190494, Anchorage, Ak 99519-0494 www.affainc.com

MEMBERSHIP FORM

Name: (Please Print)		
Address:		
Phone No: Home	Work	Cell
Email:		Birth Date:
	ess, enhance social resp	ponsibility and community leadership, to attain a high Alaska by working together within the community.
COMMITTEE MEMBE	ERSHIPS	
Please select the committee	ee/s you would like to j	participate in:
members, collects men Social Services/Hospit Filipinos throughout A Education and Cultur Filipino cultural heritag and their families. Fundraising - Conduct	nbership dues, and mai tality - Promotes fellow claska. ral - Promotes respect, ge, and advocates for the ts fundraising activities EES: Health & Wellne	ess, Policy and Procedures, By Laws, Technology
MEMBERSHIP FEE:	Annual \$20 □	Lifetime: \$100 □
Signature:		Date of Application
For Official Use Only: Date Application Received Received by:		Date Membership Fee Paid