PHILIPPINE COMMUNITY OF SOUTHERN NEW JERSEY, INC. (PCSNJ, INC.)

205 South White Horse Pike, Stratford, New Jersey 08084

MEMBERSHIP APPLICATION

Date of Application: _____

PERSONAL INFORMATION (*Please print clearly)*

☐ Mr. ☐ Mrs. ☐ Ms. | FIRST NAME | MIDDLE INITIAL | LAST NAME

STREET ADDRESS/NUMBER

CITY | STATE | ZIP | COUNTY

TELEPHONE | HOME | CELLPHONE | WORK | EMAIL ADDRESS

DATE OF BIRTH (MM/DD/YYYY) | OCCUPATION (OPTIONAL)

SPOUSE | FIRST NAME | MIDDLE NAME | LAST NAME

CHILDREN (*Use reverse side for additional space)*

NAME | DATE OF BIRTH | INTERESTS

NAME | DATE OF BIRTH | INTERESTS

NAME | DATE OF BIRTH | INTERESTS

ACTIVITIES OF INTEREST

☐ By-Laws	☐ Charity	☐ Choir	☐ Christmas Extravaganza	☐ Donations/Grants
☐ Education	☐ Filipiniana	☐ Fund Raising	☐ Game Night	☐ Gazette
☐ Induction Ball	☐ Line Dancing	☐ Membership	☐ Picnic	☐ Scholarship
☐ Sports	☐ Youth	☐ Zumba/Health & Wellness	Other _____	

MEMBERSHIP CATEGORIES

- ☐ Lifetime (Individual) **$100.00**
- ☐ Former Philippine Community Youth (PCY) Member **$50.00** *(prior age 21)
- ☐ Yearly Membership **$25.00**
- ☐ Yearly PCY Membership **$5.00**
- ☐ Senior Citizen **FREE** –Has no right to vote. Can pay **Lifetime Fee $100** if opting for voting privilege

_____

SIGNATURE

*Make cheques payable to **PCSNJ, INC**.*

Return application along with the Membership fee to:

Sylvia F. Tagle
Membership Chairperson
205 South White Horse
Pike Cherry Hill, NJ 08003

RECOMMENDED BY:

1 PRINTED NAME | DATE

2 PRINTED NAME | DATE

APPROVED BY:

PRINTED NAME | DATE