



FANHS STOCKTON CHAPTER MEMBERSHIP APPLICATION

Name/Title _____

Business _____

Address _____ City _____ State _____ Zip _____
() ()

E-Mail _____ Phone: Home (include area code) _____ Cell (include area code) _____

ANNUAL MEMBERSHIP DUES: _____ New Member _____ Renewal

Please select your category below. **Note: One vote per membership category**

_____ \$10.00 **Student** (full/part time 24yrs/under)

_____ \$15.00 **Senior** (62 yrs/over)

_____ \$30.00 **Individual**

_____ \$60.00 **Family** (Spouse/partner and dependent children in same household) *Please list all family members in your household on the back of this form. Include name, relationship, phone number, and email address.*

_____ \$30.00 - \$125.00 **Business/Organization membership*** (*See note below*)

***Business/Organization Membership:** Free advertisement (business card) on each quarterly newsletter and FANHS Stockton Chapter Website for 1 year. *NOTE: Effective immediately, fees for a new Business/Organization is a minimum of \$30.00 and maximum of \$125.00 and will stay in effect until further notice. Please pay a fee between the minimum and maximum that best reflects your business revenue.*

_____ **Decade membership:** Individual \$200.00 Family \$400.00 *Please list all family members in your household on the back of this form. Include name, relationship, phone number, and email address.*

_____ **Lifetime membership:** Individual \$350.00 Family \$500.00 *Please list all family members in your household on the back of this form. Include name, relationship, phone number, and email address.*

_____ **Sponsor/Donor** (Non-Member)** \$150.00 \$250.00 \$500.00 \$1,000.00 Other \$ _____

**** Sponsor/Donor:** Acknowledgment in Stockton Chapter quarterly newsletter and FANHS Stockton Chapter Website

How you would like to receive communications from us (newsletters, flyers, announcements, etc.)?

___email or ___regular mail (If any future changes/updates, please let us know)

Signature: _____

Today's Date: _____

If under 18 years we will also need the parent or guardian to sign below. By signing the parent/guardian is granting consent for the under age 18 member to participate in FANHS Stockon Chapter activities.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

Phone Number: _____

Mailing Address: _____

Email Address: _____

Note: Information provided will only be shared for FANHS business.

Make check payable to: **FANHS-Stockton Chapter**

Mail to: **ATTN: Membership
FANHS-Stockton Chapter
PO Box 7452
Stockton CA 95267**

Family, Decade and Lifetime membership only: Please list spouse/partner and dependent children in same household.

Spouse/Partner: _____ Phone: () _____ Email: _____

Family members in household:

Name: _____ Relationship: _____ Phone: () _____

Email: _____

Name: _____ Relationship: _____ Phone: () _____

Email: _____

Name: _____ Relationship: _____ Phone: () _____

Email: _____

Name: _____ Relationship: _____ Phone: () _____

Email: _____

Important: Please indicate area(s) of interest/expertise:

- Archival Record Collection Oral history Teaching/Lectures Photo Collection
 Research Writing/Newsletter Community Outreach Event Planning Fundraising
 Website Legal Other (specify) _____

Have you or a Filipino American family member served in the US military (past or present)? Yes No

Has anyone in your family received a Congressional Gold Medal of Honor for Filipino World War II Veterans?

Yes No

*(If you answered **Yes** to any of the above questions regarding military service we may contact you for more information)*