

United States Philippine Friendship Organization

Membership Form

USPFO
2438 Industrial Blvd
Ste. F, PMB 193
Abilene, TX 79605-7207
Email: abilene.uspfo@gmail.com



Today's Date:		Date Joined USPFO:			
Name:					
Address:					
City:		State:			Zip Code:
Phone Information:			Anniversary Information		
Home:			Name:	Month:	Day:
Cell # 1					
Cell # 2					
Please Note: An email address is needed for the USPFO Newsletter.					

Email address: _____ @ _____ . _____

Annual Non-Refundable Membership Fees: (Please annotate if paid by cash "C")					
Type	Cost	Amount Paid:	Date Paid:	Check Number	Next Dues Date:
Family:	\$25.00	\$			
Single Parent:	\$15.00	\$			
Single Person:	\$15.00	\$			

Birthday Information:			Birthday Information:		
NAME:	MONTH:	DAY:	NAME:	MONTH:	DAY:

Membership Comments:					
Taken By:			Date Filed:		
Be sure to give this information/dues to the Treasurer.				Date:	
Received from:			\$:		
By/Name:			Date:		
Members Name:			Paid \$		
Annual Dues Paid (Year):			Next Due Date:		
Please notify the organization of any changes (i.e.; Phone Number, Address, Email, Etc.)					