



MEMBERSHIP APPLICATION FORM

Name: _____

Telephone no: _____

Address: _____

E-mail address: _____

Please check activity/activities you will be interested to volunteer:

Parade _____ Constitution and By-Laws _____

Parade Marshal _____ Festival _____

Membership _____ Grand Marshal Ball _____

Coronation and Friendship Ball _____ Promotion _____

Simbang Gabi sa Konsulado _____ Pasko Sa Hudson Mall _____

Others _____

I hereby acknowledge that upon acceptance into the PAFCOM membership I will read and abide its Constitution and By Laws. Copy of the CBL is available through www.pafcomnj.org

Membership fee: \$25.00

Signature

Date