



FWN MEMBER APPLICATION



Name _____ Date _____

Job Position _____

Organization _____

Work Address _____

City / State / Zip _____

Work Phone _____ Fax _____

Work Email _____ URL _____

Home Address _____

City / State / Zip _____

Phones / home / cell _____

Home Email _____ URL _____

Date of Birth (for celebratory purposes only) - month / day only _____

How did you find out about FWN? _____

Preferred email address Home Work Preferred mailing address Home Work

Country of Birth: Philippines (how long in the U.S.) _____ USA Other _____

Committee(s) you would like to participate:

- Filipinas Against Violence Filipina Summit Remarkable Filipina Women Most Influential Filipinas
- Filipino Community Outreach Corporate Outreach College Relations Filipinas in Motion
- Professional Development Programs Membership Public Relations
- Job & Business Referral Group Communications (FWN Magazine, V-Diaries, Newsletter) Steering Committee (New York)

I know an awesome Filipina and I'd like to invite her to join FWN! (indicate her name and email address): _____

YES! I want to contribute my skills and help shape the Filipina Image! Here's my membership dues.

Payment type: Check Visa MasterCard Discover American Express

ADD: FWN Membership Dues

- ____ Individual membership \$100/year _____
- ____ Student membership \$50/year (with valid ID, please attach photocopy) _____
- ____ Adopt-a-Filipina membership \$100/year (membership in honor of you or a loved one) _____
- ____ Membership Certificate \$25 _____
- ____ Filipinas Against Violence Contribution _____
- ____ Summit Scholarship Contribution _____

TOTAL REMITTANCE AMOUNT: _____

Please make checks payable and send to:

Filipina Women's Network
P. O. Box 192143
San Francisco
CA 94119

415.278.9410
415.840.0655/fax
filipina@ffwn.org
www.ffwn.org
Tax ID# 06-1763395

Fill out form below if paying by credit card and mail to FWN or fax to FWN at 415-840-0655:

Name on credit card _____

Signature _____ Date _____ MC/Visa/Discover - 3-digit no. on back of card
AMEX - 4-digit no. on front of card

Credit Card No. _____ Credit Card Verification No. _____ Exp. Date _____

Credit Card Billing Address _____

City/State/Zip _____