



**National Federation of Filipino American Associations**

P.O. Box 60961 Las Vegas, NV 89160

(702) 348-9745

**(FOR INDIVIDUAL APPLICANT ONLY)**

**Name:** \_\_\_\_\_  
*(Last) (First) (Middle Initial)*

**Address:** \_\_\_\_\_  
*(No. and Street) (City) (State/Zip Code)*

**Telephone:** \_\_\_\_\_  
*(Home) (Cellular) (Business)*

**Gender:** Male : \_\_\_\_\_ Female: \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Membership Fee:**

Individual fee: \$40.00

Student Fee: \$25.00

Senior Citizen (65+): \$25.00

Method of Payment ( ) Check ( ) Cash

Amount Paid \$ \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Applicant)*

\_\_\_\_\_  
*(Date)*

**Recruiter's Name and Phone Number:** \_\_\_\_\_

.....  
**Attested:**

\_\_\_\_\_  
NaFFAA Nevada Chair

\_\_\_\_\_  
Chairman, Membership Committee

\_\_\_\_\_  
Recording Secretary

\_\_\_\_\_  
Treasurer

I enclose my annual dues of \$\_\_\_\_\_ payable to NaFFAA, NV for the year \_\_\_\_\_, the initial year of my membership. I understand that payment of the annual dues entitles me to a vote in NaFFAA conferences (provided I pay the required registration fee for the conference.)

Membership fee must be paid within 60 days of the anniversary date; otherwise membership status will become inactive.