



“Veterans Helping Veterans”
Filipino - American Veterans Society, Inc.
Membership Application Form

Membership for: All *veterans* who served or currently serving in the Armed Forces of the United States, spouse of deceased veterans, and qualified *dependents* of veterans are eligible for membership.

Applicant's Name: _____ **Birth Date:** _____

FAVS Sponsors Name: _____

Branch of Service: USA ___ USMC ___ USAF ___ USN ___ USCG ___

Retired/Date: _____ **Active** _____ **Reserve** _____

Rank: _____ (Optional) **Honorable Discharge:** Yes ___ No ___

Mailing Address: _____

City/State/Zip: _____ **Telephone:** (____) _____ - _____

E-mail Address: _____

Name of Spouse: _____

Applicant's Occupation: _____

Membership Involvement/Interest: Charity ___ Scholarship ___ Civic ___
Benefits ___ Special Events ___ Finance ___

Membership in other civic or veteran organization: Yes ___ No ___

Signature _____ **Date** _____

Website: www.filamvetsociety.com / FAVS is an IRC 501 (c) 19 Veterans Organization.

Lifetime Membership Fee \$35 Payable to: “*Filipino-American Veterans Society*”

Please complete this form and give to a current FAVS member or mail to:

FAVS
Del Papel, FAVS Secretary
10335 Ripple Rush Drive W.
Jacksonville, FL 32257

FAVS USE ONLY

Approved: _____ **Disapproved:** _____

Pending Payment: _____ **Paid:** _____ **Cash / Check Number:** _____ **Date:** _____

Membership Number Assigned: _____

(Rev 12/08)