



Filipino-American Society of Architects & Engineers of Southern California (FASAE-SoCal)

500 E. Carson Plaza Drive, Suite 201, Carson, CA 90746
Tel: (310) 768-3828 ** Fax: (310) 768-3977
Internet Address: <http://www.fasaesocal.org>

Membership Application Form

ANNUAL MEMBERSHIP STRUCTURE AND DUES:

<input type="checkbox"/> Member Emeritus	Professional or Regular member for at least 5 years, retired and has attained age 70.	Exempt	<input type="checkbox"/> Regular	Bachelor's degree with US or Phil Professional Registration	\$50.00
<input type="checkbox"/> Corporate	Corporate membership	\$250.00	<input type="checkbox"/> Affiliate	Firm, Individual, or Estate	\$50.00
<input type="checkbox"/> Lifetime	Lifetime membership	\$500.00	<input type="checkbox"/> Associates	Employees of Firms/Government/Agencies	\$30.00
<input type="checkbox"/> Professional	Principals, Owners, Managers in Firms & US Registration	\$75.00	<input type="checkbox"/> Student	Full Time Student	\$10.00

Please fill out form below to apply and/or to update information about your firm or yourself.

NAME	LAST	FIRST	MIDDLE
DEGREE/S	REGISTRATION/S:		COUNTRY AND/OR STATE
COMPANY/EMPLOYER			
MAILING PREFERENCE	<input type="checkbox"/> OFFICE		<input type="checkbox"/> RESIDENCE
STREET ADDRESS			
CITY, STATE, ZIP			
TELEPHONE			
FAX			
PAGER			
E-MAIL			
WEB SITE			
PERSONAL DATA:	BIRTH MONTH & DAY:	SPOUSE NAME:	

BUSINESS SERVICES/AREAS OF EXPERTISE: _____

Please check the following Committee(s) you are interested in participating/contributing:

- | | | | |
|------------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> Programs | <input type="checkbox"/> Ways and Means | <input type="checkbox"/> Membership | <input type="checkbox"/> Business Development |
| <input type="checkbox"/> Education | <input type="checkbox"/> Finance | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Scholarship |

Please make checks payable to **FASAE-SoCal** and mail to the above address. Your participation is important to us. If you have any questions, please write or call us at (310) 768-3828 or visit our website at www.fasaesocal.org.

Signature of Member _____
Date of Application

NEW MEMBER REFERRED BY: _____

PLEASE DO NOT FILL THIS PORTION (For Membership Committee use only)
DATE OF INITIAL MEMBERSHIP PAID:
MEMBERSHIP NUMBER:
DATE OF CERTIFICATE ISSUED:
SIGNATURE OF MEMBERSHIP CHAIR: