



**Filipino Community Center of Charleston  
South Carolina, Inc  
8747 Salamander Road, North Charleston, SC 29406**

**MEMBER INFORMATION FORM**

Current Date: \_\_\_\_\_ Member Since: \_\_\_\_\_ New: \_\_\_\_\_ Renewal: \_\_\_\_\_

**PRIMARY**

(Mr./Mrs./Ms.) First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Province/State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Military? \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Tel No: \_\_\_\_\_ Cell: \_\_\_\_\_ Email address: \_\_\_\_\_

**SPOUSE**

(Mr./Mrs./Ms.) First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Province/State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Military? \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Tel No: \_\_\_\_\_ Cell: \_\_\_\_\_ Email address: \_\_\_\_\_

**HOME ADDRESS**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

**CHILDREN**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**VOLUNTEER**

Would you be interested to volunteer to FCC? \_\_\_\_\_

What areas/skills do you have that could help develop the Organization? \_\_\_\_\_

\_\_\_\_\_

**PAYMENT INFORMATION**

Amount: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Check No: \_\_\_\_\_ Received by : \_\_\_\_\_ Date: \_\_\_\_\_