



FILIPINO COMMUNITY CENTER of CHARLESTON, SC, INC.
8747 Salamander Road, North Charleston, SC 29406
www.FCCofCharleston.com

FCC MEMBERSHIP APPLICATION / RENEWAL FORM

MEMBER / APPLICANT INFORMATION: (Please Fill Out Completely and Legibly)

Current Date: _____ (Check One) New Member: ___ Renewal: ___ Member since: _____

PRIMARY

(Mr./Mrs./Ms.) _____ / _____ / _____
First MI Last

Date of Birth: _____ Place of Birth: _____ Province/State: _____

Occupation: _____ Military? (Y/N): _____ Branch of Service: _____

Tel No: _____ Cell: _____ Email: _____

Spouse Name: _____

Date of Birth: _____ Place of Birth: _____ Province/State: _____

Occupation: _____ Military? (Y/N): _____ Branch of Service: _____

Tel No: _____ Cell: _____ Email: _____

HOME ADDRESS

Street: _____ City: _____ State: _____ Zip Code: _____

CHILDREN:

Name: _____ Name: _____ Name: _____ Name: _____

VOLUNTEER

Would you be interested in volunteering some of your time and talent to the FCC: (Y/N): _____

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

PAYMENT INFORMATION (Annual Dues is \$25) Please mail completed form and check payable to FCC at the above address or Zelle 843-209-8243.

*Please be reminded that according to the FCC's Constitution and Bylaws, during FCC's election year, only those who paid their dues before **March 31st** can vote and run for office.*

Amount paid: \$ _____ Cash: ___ Check No. _____ Received by: _____ Date: _____