

PHILIPPINE BISAYAN SOCIETY OF NEVADA, INC.
P. O. BOX 28195, LAS VEGAS, NEVADA 89126
Tel: (702) 240-6600, 355-0649, 382-5300

MEMBERSHIP APPLICATION

ID NO.: _____ Filing Date _____

NAME _____

Residence Address _____

Street City State Zip

Birth Month & Date _____ SEX _____ Marital Status _____

Telephone (Home) _____ (Office) _____ (Cellular) _____

Place of Birth _____

Hometown In Philippines or USA _____

Number of Years in Luzon _____ Visayas _____ Mindanao _____ USA _____

Cebuano Speaking ? _____ YES _____ NO _____ Nationality _____

Occupation/Work _____

Name _____

Name of any full-fledged/affiliate/honorary member(s) you know or who recommended you

Name of full-fledged member related to you _____

Name and age of dependents living with you _____

Talent _____ Special Skills _____ Interest(s) _____

Applicant Signature

(Applicant * DO NOT WRITE BEYOND THIS LINE)

FOR MEMBERSHIP COMMITTEE USE ONLY

Approved for Full-Fledged _____ Affiliate _____ Honorary _____ Membership Fee \$ _____ Effective date _____

Recommended by: _____ Approved by: _____

(Recruiter)

Membership Committee

PAYMENT RECEIPT DATE _____

Received from _____ the amount of \$ _____ as full payment

of full-fledged _____ affiliate _____ honorary _____ membership fee for the year _____

ID NO. _____ Recruiter/Membership Committee _____