

Filipino-Canadian Association of Saskatoon, Inc. (FILCAS)

Membership Form

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Email Address: _____ Tel. No.: _____

Occupation: _____

Employer: _____

* Fill this up if your spouse and family are residence of Saskatchewan *
(Paid \$ 10.00)

* Spouse First Name: _____

Children's Names (below 18 yrs. Old):

I/WE will obey and respect the Constitution and By Laws of the Association.

Signature

Membership Fee per year:

___ \$ 5.00 for one member

___ \$10.00 for family with children under 18 years old

Collected by: _____ Date: _____

Objectives of FILCAS membership:

- To promote mutual understanding among Filipinos and Canadian members;
- To provide an environment for social growth, education advancement, and cultural preservation;
- To establish liaison with other ethnic and community groups;
- To provide support and assistance to new Filipino residents of the community and to members who are in need