

Silayan Filipina

SILAYAN FILIPINA NATIONAL ORGANIZATION

MEMBERSHIP APPLICATION

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Birthdate: _____

Spouse/Partner (if any): _____

Children (if any): _____

Choose Type of Membership: (Please review comparison chart for details).

Sampaguita \$25 Senior Associates \$10 Family \$40 (Sampaguita plus 4 immediate family members).
 (65 years or older) List family members: _____

Community/Professional Affiliations: _____

Talents/Hobbies/Interests: _____

Which workshops and programs are you most interested in? Check all that apply:

- | | | | | |
|--|---|---|---|--|
| <p>LIFE EVENTS</p> <ul style="list-style-type: none"> College/Higher Education Marriage Family & Parenting Divorce Empty Nesting Aging Gracefully Retirement <p>ARTS & CULTURE</p> <ul style="list-style-type: none"> Filipino Art History | <ul style="list-style-type: none"> Dance Music Cooking Classes Crafts Conversational Filipino Language Classes <p>PROGRAMS</p> <ul style="list-style-type: none"> Youth Leadership Personal Training Program Scholarships Kapehan (Round-Table Discussions) | <ul style="list-style-type: none"> Meryenda, Silayan Tea, Mixers, Book Club Networking Program Mentorship Program <p>LEADERSHIP, PROFESSIONAL DEVELOPMENT & CAREER BUILDING</p> <ul style="list-style-type: none"> Interviewing Resume Writing Interpersonal Communication | <ul style="list-style-type: none"> Public Speaking Starting a Business Career Changes <p>PERSONAL DEVELOPMENT</p> <ul style="list-style-type: none"> CPR/Medical Fitness, Health & Well-Being, 5k Run/Walk Social Graces & Dining Etiquette Confidence Building | <p>COMMUNITY OUTREACH AND SERVICE OPPORTUNITIES</p> <ul style="list-style-type: none"> Father Joe's Village Clothing Drive Food Drive Making Strides Against Breast Cancer Go Red For Women Christmas Caroling Elder Care Services |
|--|---|---|---|--|

I have completed this application truthfully and to the best of my knowledge. As an applicant to the Silayan Filipina National Organization, I understand and agree to comply with the requirements set forth in this application and to abide by the Mission and By-Laws of said organization. I understand that the membership dues are non-refundable, and that upon receipt of this application by its members, it becomes the sole property of the Silayan Filipina National Organization.

Signature _____ Date _____

Executive President _____ Date _____

Director of Membership _____ Date _____

Membership dues (tax deductible) paid by:

Cash Check (Payable to **Silayan Filipina**) Venmo @ **Silayan-Finance** Date _____

Mail to: **Silayan Filipina, 4653 Carmel Mountain Road, Suite 308, Box 118, San Diego, CA 92130**

Silayan Filipina National Organization is a 501(c)(3) nonprofit organization (Tax ID #38-3921017). Donations are tax-deductible as allowed by law.

For more information and questions regarding membership, please contact Annabel Bianes, Director of Membership: email membership@silayanfilipina.com.

MEMBERSHIP DUES COMPARISON CHART

BENEFITS at a glance. See description for more details.	SAMPAGUITA	FAMILY
Annual Dues	\$25/yr	\$40/yr
Workshop Fees included*	Yes	Yes
Name listed in Charity Ball Souvenir Program	Yes	Yes for Sampaguita
Voting Privileges	Yes	Yes for Sampaguita
Mentorship Program	Yes	Yes for Sampaguita
Membership Pin available (additional charge)	Yes	Yes for Sampaguita
Web Access to Professional Networking Log In Pages	Yes	Yes for Sampaguita

Sampaguita Member: \$25 annual membership dues

- Workshops fee included
- Qualifications: Must attend Sampaguita Member Orientation, complete Sampaguita Training, and receive Board Approval
- Must participate/attend at least 2 events, meetings, or workshops per year.
- Full web access to professional networking pages & mentoring program
- Full voting privileges (Must be 18 years of age *)
- May enroll as the Primary member in a Family Membership
*Participants enrolled in the Silayan Filipina Youth Leadership Program who have paid their membership dues are Junior Sampaguita Members until they attain the age of 18. After which they can become a Sampaguita member, upon completion of the above requirements.
No extra annual membership dues will be charged to the Junior Sampaguita member other than the annual membership dues.

Family Membership: \$40 annual membership dues

- Covers one Sampaguita member plus 4 immediate family members, (e.g., partner, dependents, siblings, or parents) for a total of 5 family members
- Primary member is a Sampaguita member
- Family members do not have to live in the same household, but names must be listed on application.
- 4 immediate family members are included in this family membership, and have Associate member status and benefits, but no voting rights

MEMBER DESIGNATION/STATUS:

Active Members status: All Memberships are annual (paid through the calendar year.) Upon completion of the membership application via website or mail, submitted with payment, a membership "card" with renewal date and membership level, will be issued and will serve as validation for entry to events. Member Name must match government ID. Reminder for Membership Fee renewal emailed 1-2 mos. prior to due date, with available auto-renew feature on secure website.

Inactive status: Members who do not renew by 5th day past their renewal date become in-active and may rejoin at the current dues schedule. Benefits are not retro-active and inactive members forfeit previous benefits. Inactive members pay Non-member pricing per workshop/event.

***Non-Members:** Non-members may participate in individual workshops and events by paying individual fees, which vary upon workshop and event.