

# Silayan Filipina

SILAYAN FILIPINA NATIONAL ORGANIZATION

## YEAR: 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:

**LIFE EVENTS**

College/Higher Education  
 Marriage  
 Family & Parenting  
 Divorce  
 Empty Nesting  
 Aging Gracefully  
 Retirement

Dance  
 Music  
 Cooking Classes  
 Crafts  
 Conversational Filipino Language Classes

**PROGRAMS**

Youth Leadership  
 Personal Training Program  
 Scholarships  
 Kapehan (Round-Table Discussions)

Meryenda, Silayan Tea, Mixers, Book Club  
 Networking Program  
 Mentorship Program

**LEADERSHIP, PROFESSIONAL DEVELOPMENT & CAREER BUILDING**

Interviewing  
 Resume Writing  
 Interpersonal Communication

Public Speaking  
 Starting a Business  
 Career Changes

**PERSONAL DEVELOPMENT**

CPR/Medical  
 Fitness, Health & Well-Being, 5k Run/Walk  
 Social Graces & Dining Etiquette  
 Confidence Building

**COMMUNITY OUTREACH AND SERVICE OPPORTUNITIES**

Father Joe's Village  
 Clothing Drive  
 Food Drive  
 Making Strides Against Breast Cancer  
 Go Red For Women  
 Christmas Caroling  
 Elder Care Services

**ARTS & CULTURE**

Filipino Art History

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: \_\_\_\_\_ Date \_\_\_\_\_

Cash: Do not mail cash      Check: (Payable to **Silayan Filipina**)      Venmo: @ **Silayan-Finance**      Online: **shop.silayanfilipina.com**      Amount \$ \_\_\_\_\_

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 Bienes, Director of Membership: email membership@silayanfilipina.com.