

**MEMBERSHIP APPLICATION FORM**

The undersigned, \_\_\_\_\_, do hereby apply for membership to the United Pangasinanes of America, Inc. and pledge to its Constitution and By-Laws.

**For Individual Membership Only**

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
( optional )

Phone # \_\_\_\_\_ E-Mail: \_\_\_\_\_ Fax # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Town: \_\_\_\_\_

Marital Status: \_\_\_\_\_ If Married, Name of Spouse: \_\_\_\_\_

Place of Birth of Spouse: \_\_\_\_\_

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

Recommended By: \_\_\_\_\_

**Please Check One:**

- ( ) Regular ( Pangasinan Descent and Spouse ) . . . . . \$ 10.00 per year
- ( ) Associate ( Not of Pangasinan Descent ) . . . . . \$ 10.00 per year
- ( ) Life Member . . . . . \$ 75.00

**For Town Affiliation Membership Only**

Name of Town: \_\_\_\_\_ Current President: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_ Fax # \_\_\_\_\_

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

**Town Affiliation ( Lifetime / One Time Fee ) . . . . . \$ 100.00**

Please make check payable to: United Pangasinanes of America, Inc. ( UPAI )  
Please mail or submit application form to: UPAI Chairman Membership Committee or  
UPA Secretary  
5028-A Mission Street  
San Francisco, Ca 94112-3418