



MEMBERSHIP REGISTRATION

email completed form to membership@filamofscv.org

P.O. Box 801753, Valencia, CA 91380 | www.filamofscv.org



- NEW MEMBER
 RENEWAL
 CHANGES/UPDATES
 CHECK IF 65 YRS & OLDER

NAME _____
LAST NAME FIRST NAME MIDDLE INITIAL

HOME ADDRESS _____

WORK ADDRESS _____
 IF NON-RESIDENT OF SANTA CLARITA

CONTACT _____
MOBILE PHONE EMAIL ADDRESS

HOW WOULD YOU LIKE TO VOTE FOR OUR ANNUAL BOARD OF DIRECTORS ELECTION? CHECK ONE.
 ONLINE/VIRTUAL MAIL-IN BALLOT

NAME OF OTHER HOUSEHOLD MEMBERS	RELATIONSHIP	BIRTHDATE	CHECK IF SENIOR	GRADE / SCHOOL LEVEL
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

INDICATE FIL-AM PROGRAMS AND EVENTS THAT INTEREST YOU AND YOUR FAMILY. CHECK ALL THAT APPLY.

- ACADEMIC PROGRAMS EASTER PICNIC INDUCTION BALL SENIOR PROGRAMS
 CIVIC PROGRAMS HOLIDAY PARTY JULY 4TH PARADE SPORTS EVENTS
 CULTURAL FESTIVAL HUMANITARIAN ACTIVITIES SCHOLARSHIP PROGRAM YOUTH PROGRAMS

IF YOU HAVE A CHILD GRADUATING FROM HIGH SCHOOL THIS CALENDAR YEAR, WE INVITE YOU TO ENTER HIM/HER TO COMPLETE THE FIL-AM OF SCV SCHOLARSHIP AWARD PROGRAM. ENTER YOUR CHILD'S NAME AND HIGH SCHOOL NAME BELOW.

CHILD'S FULL NAME _____ HIGH SCHOOL NAME _____

HOW DID YOU HEAR ABOUT FIL-AM ASSOCIATION OF SCV? FACEBOOK YOUTUBE WEBSITE FAMILY/FRIEND: _____

WE INVITE YOU TO BE PART OF THE FIL-AM OF SCV TEAM. YOUR TALENTS AND EXPERTISE ARE WELCOMED TO BUILD OUR COMMUNITY. INDICATE YOUR TALENTS YOU WOULD LIKE TO SHARE WITH FIL-AM OF SCV AS A VOLUNTEER. CHECK ALL THAT APPLY.

- LEADERSHIP / MENTORSHIP FUNDRAISING
 PUBLIC RELATIONS/MARKETING OUTREACH
 EDUCATION / ACADEMIC PROGRAM DEVELOPMENT PROFESSIONAL SERVICES: ACCOUNTING, BUSINESS, HOSPITALITY, LAW, SALES
 EVENT PLANNING/COORDINATING
 OTHER: _____

BE PART OF OUR EXCITING BOARD AND COMMITTEES! INDICATE HOW YOU WOULD LIKE TO GET INVOLVED WITH FIL-AM OF SCV. CHECK ALL THAT APPLY.

- AMENDMENT COMMITTEE MEMBER FACE COMMITTEE MEMBER SCHOLARSHIP COMMITTEE MEMBER
 BOARD MEMBER FINANCE COMMITTEE MEMBER SENIOR PROGRAM COMMITTEE MEMBER
 CULTURAL CENTER COMMITTEE MEMBER GRANT COMMITTEE MEMBER YOUTH PROGRAM COMMITTEE MEMBER
 ECONOMIC EMPOWERMENT COMMITTEE MEMBER MEMBERSHIP COMMITTEE MEMBER OTHER: _____
 ELECTION COMMITTEE MEMBER PUBLIC RELATIONS COMMITTEE MEMBER

YOUR DONATION HELPS SUSTAIN FIL-AM OF SCV PROGRAMS, PROJECTS AND ACTIVITIES. YOUR GENERIOSTY IS GREATLY APPRECAITED. PLEASE INDICATE YOUR OPTIONAL DONATION. ANY AMOUNT IS APPRECIATED.

- \$20.00 \$50.00 \$100.00 NOT AT THIS TIME OTHER _____

PLEASE MAKE YOUR DONATION ONLINE AT
<https://www.filamofscv.org/donate>

BY ENTERING YOUR FULL NAME AS WRITTEN IN THIS FORM ABOVE, YOU ARE SIGNING THIS FORM AND BY SIGNING THIS FORM, I HEREBY ACKNOWLEDGE AND CONFIRM THAT ALL INFORMATION I PROVIDED ABOVE ARE TRUE AND CORRECT; I AUTHORIZE FIL-AM OF SCV TO PUBLISH OUR PHOTOS INCLUDING THOSE OF OUR MINOR CHILDREN (IF APPLICABLE) TAKEN DURING FIL-AM OF SCV EVENTS ON FIL-AM WEBSITE, NEWSLETTER AND OTHER MEDIA. I AUTHORIZED FIL-AM OF SCV TO EMAIL UPDATES AND ANNOUNCEMENTS.

SIGNATURE _____ DATE _____