

FASAMi One Year Membership

Membership is for immediate family members only. Extended family should submit their membership form.

First and Last Name _____

- I (we) currently a Member. (Update information below if necessary.)
- I (we) would like to RENEW our membership.

- I (we) would like to become a Member. (Fill in information below.)

Address _____

City _____

Phone No. _____ Email _____

Spouse _____

Child _____

Child _____

Child _____

Child _____

_____ Individual \$5.00

_____ Family \$8.00

-----Do not write below this line.-----

Received (Initial) _____

_____ Cash

_____ Check No.