



*Portuguese American
Cultural Center of Palm Coast
1200 Palm Harbor Parkway
Palm Coast, FL 32137*



MEMBERSHIP APPLICATION

NEW MEMBER INFORMATION

MEMBER'S NAME: _____

ADDRESS: _____

TELEPHONE #: _____ E-MAIL _____

OCCUPATION: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SPOUSE INFORMATION (if applicable)

SPOUSE'S NAME: _____

SPOUSE'S DATE OF BIRTH: _____

CHILDREN INFORMATION (if applicable)

NAME(s)

DATE OF BIRTH(s)

MEMBER SIGNATURE: _____

DATE: _____

FEES::
INITIATION FEE: \$25.00 PLUS \$75.00 (YEARLY DUES)

THIS SECTION TO BE OCMPLETED BY THE CULTURAL CENTER

I, _____ (*Current Member*) propose the following person, _____, (*New Member Name*) whom has met all the requirements stated in the By-Laws of this Center, to become a member of the *Portuguese American Cultural Center of Palm Coast*.

This has been acknowledged by me this _____ day of _____, 20____.

Current Member Signature

DETERMINATION OF THE COMMITTEE

Upon the committee's review on this _____ day of _____, 20____, we have decided to admit _____ (*New Member Name*) as member of the Cultural Center with the following member ID # _____.

By the Committee

Secretary Signature