

**Filipino American Educators  
Association of San Diego County  
(FILAMEDA)  
www.filameda.org**



**Membership Application**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

E-mail \_\_\_\_\_

**Type of Membership**

\_\_\_\_\_ Annual/General: \$30.00

\_\_\_\_\_ Life: \$300.00

Please make check to FILAMEDA  
Mail completed application and payment to:  
Filipino American Educators Association of San Diego County  
(FILAMEDA)  
PO Box 2058  
Chula Vista, CA 91912

Date received \_\_\_\_\_