



UNITED PILIPINO INTERNATIONAL COMMUNITY PARTNER APPLICATION FORM

www.unitedpilipino.org (under construction)

ORGANIZATION NAME		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE	FAX	
MAIN POC NAME		
MAIN POC E-MAIL		POSITION
ORGANIZATION WEBSITE		

DUES		
AMOUNT	#YEAR	#MEMBERS
\$50	1	2 MEMBERS
\$75	1	3 MEMBERS
\$100	1	4 MEMBERS

**INFORMATION PROVIDED
ON THIS FORM IS**

**FOR OFFICIAL
USE ONLY**

The main POC will automatically be listed as a member unless otherwise noted. If the POC is not to be a member, please check here.

MEMBERS (Need different e-mail address for each member. Use 1st block for the POC's info, if to be member)

TITLE	FIRST NAME	MID INIT	LAST NAME	
MAILING ADDRESS		CITY	STATE	ZIP CODE
E-MAIL		TELEPHONE	DATE OF BIRTH	

TITLE	FIRST NAME	MID INIT	LAST NAME	
MAILING ADDRESS		CITY	STATE	ZIP CODE
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