



Philippine-American Community Center, Inc.
dba PCCI International
 1718 Bayside St., Dallas, Texas 75212

Tel # 214-741-7225
 www.pccintx.org

P.O. Box 560572
 Dallas, TX 75356-0572

***** MEMBERSHIP PROFILE *****

A. Name

Last Name	First Name, M.I.

B. Address

First Line Address	Home Phone		
City / Town	State	Zip Code	Work Phone
E-mail	Fax No.		

C. Family Member

Name	Relationship	Birthday	Additional Information (hobbies, talent, interest, school, etc.)

D. About Yourself

Your Birthday	Occupation/Title	Company/Business
Hometown and Language/Dialects: (for member and co-member)		
Additional Information: (expertise, talent, hobbies, interest, etc.)		
Check any among PCCI programs/services you wish to participate:		
<input type="checkbox"/> Educational <input type="checkbox"/> Facilities <input type="checkbox"/> Fund Raising	<input type="checkbox"/> Cultural <input type="checkbox"/> Medical <input type="checkbox"/> Recruitment	<input type="checkbox"/> Athletics <input type="checkbox"/> Others _____

All information submitted on your application form is treated with utmost confidentiality and solely intended for the organization's record keeping.

Signature:	Date:

E. Official Use Only

Submitted By:	Date:	
Noted By:	Treasurer	Date:
Date registered as member:	Registration Fee Payment:	

