Association of Filipino American Accountants, Inc. [AFAA]
c/o Padilla and Company
87-01 Midland Parkway, Lobby A
Jamaica Estates, NY 11432

Membership Application and Dues for 2004

☐ NEW MEMBER ☐ RENEWAL: AFAA Member since _____
Year

Personal Information

Name: _____
First Middle Initial Last Name

Preferred name: _____

USA Address: _____
Bldg# Street, Apt.# City State Zip Code

Home Telephone No.: _____ Cell phone no. _____
(Area Code) Telephone No. (Area Code) Telephone No.

Home Email Address: _____

☐ CPA ☐ Accountant ☐ Others: _____

If a CPA, where?

☐ Philippines ☐ New York ☐ Others, specify _____

Preferred contact:

Postal Mail: ☐Home ☐Work *Email*: ☐Home ☐Work *Phone:* ☐Home ☐Work

Business/Company Information

Business/Company name: _____

Business address: _____
Bldg# Street, Suite/Floor.# City State Zip Code

Position: _____ Email Address: _____

Work Tel. No.: _____ Work Fax No.: _____
(Area Code) Telephone No. (Area Code) Telephone No.

Professional affiliations/ Other Associations (Please also state your position)

_____
_____

Annual Membership fee: $30. Please send application with check payable to AFAA and mail to our Secretary: Ms. Jovel Golingan, 40-42 77th Street, Apt. 3A, Elmhurst, NY 11373.