



FILIPINO AMERICAN CHAMBER OF COMMERCE, SFV
Corporate Community Center, Suite 205
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MEMBERSHIP APPLICATION

Date Application Completed: ____/____/____ Renewal New Member

Who referred you to the Chamber? _____

Name: _____

Date of Birth: _____

Employer/Business Name: _____

Business Address: _____

Mailing Address (if different) _____

Business Phone : _____ Alternate contact #: _____

Email: _____ Fax # _____

Website: _____

How can the organization help you? _____

Committee/s you want to be involved in? Check all that applies.

- Membership Events Marketing Public Relations Business Development
 Government Affairs Fund Raising Community Services Education and Training
 Finance

TYPE OF MEMBERSHIPS:

- Individual Membership \$100 per year (1) one business representative
 Corporate Membership \$200 per year (up to 3) three business representatives

Signature: _____

***Please make your check payable to SFVFACC.
Thank you for joining us.***