

**Portuguese American Association of Falmouth**

55 Ashumet Rd., East Falmouth, MA 02536, 508-563-7396, [WWW.PAAFalmouth.com](http://WWW.PAAFalmouth.com)

Mailing Address: 55 Ashumet Rd, East Falmouth, MA 02536



**Membership Application**

I, (we) request for consideration for membership. The objective of this organization is to initiate, encourage, sponsor and promote Portuguese cultural activities. Further, to instill among members a pride of heritage, encourage the study of Portuguese history, language, arts and sciences and to promote among members of the Portuguese-American Association a genuine feeling of warmth and good fellowship.

Membership can be available to any person of good moral character who manifests a genuine interest in the purposes of this organization, who is recommended by the Board of Directors and is subsequently voted in the affirmative by at least two-thirds (2/3) of the members present.

I request Single Membership at an annual cost of \$50.00. This amount is to be paid with this completed and signed application

I request Family Membership at an annual cost of \$80.00. This amount is to be paid with this completed and signed application

Signature(s) \_\_\_\_\_

Print Name(s) \_\_\_\_\_

Jr. Membership Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Email Address(s) \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_ Other Phone \_\_\_\_\_

Sponsor \_\_\_\_\_ Date \_\_\_\_\_

By checking this box I consent to receive email notifications from the Portuguese American Association.

**Would you like to be Contacted for Meetings and Events Yes \_\_\_\_\_ No \_\_\_\_\_**

**Which method do you prefer to be reached by the PAA: Email \_\_\_\_\_ Text \_\_\_\_\_ Phone \_\_\_\_\_**

**Which method do you prefer to be reached for mailings: Email \_\_\_\_\_ US Postal \_\_\_\_\_**