



**COUNCIL FOR TEACHING FILIPINO LANGUAGE AND CULTURE**  
**Membership Form**

- Please print, complete and mail check with this form to:

**CTFLC, 2460 Golfcrest Loop, Chula Vista, CA 91915**

Date: \_\_\_\_\_ For Membership Year: \_\_\_\_\_

Please check:  Dr.  Mr.  Mrs.  Ms.  Other: \_\_\_\_\_

Name: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City)

\_\_\_\_\_ (State) (Postal Code) (Country)

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Home Address: \_\_\_\_\_  
(Street) (City)

\_\_\_\_\_ (State) (Postal Code) (Country)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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Membership: (*Please check*)

Student - \$10.00  Regular - \$ 25.00  Institutional - \$ 100.00  Lifetime - \$ 300.00

Enclosed: **Check payable to CTFLC** \$ \_\_\_\_\_

Signature: \_\_\_\_\_

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Received by: \_\_\_\_\_ Date: \_\_\_\_\_