



GAPAN CITY ASSOCIATION OF SOUTHERN CALIFORNIA

P. O. Box 4842 Cerritos, CA 90703-4842

Website: <http://gapasca.org>

MEMBERSHIP FORM

Primary Member				Birthday:
Secondary Member				Birthday:
Address				
Mailing Address				
Email #1			Email #2:	
Primary Member Phone #	Home:	Cell:	Work:	
Secondary Member Phone #	Home:	Cell:	Work:	

Household Member(s)

Name	Age	Name	Age
1.		4.	
2.		5.	
3.		6.	

Children/Grandchildren Graduating from High School or College

Name	School Name	Graduation Date
1.		
2.		

Gapan City Affiliation		
Elementary School		Year Graduated:
High School		Year Graduated:

Member Type: New Renewal

Sponsored by: _____

Annual Dues	\$25.00
Lifetime Dues	\$100.00

Date Received	
Approved by:	

Please return or mail completed form with membership fee payment payable to GAPASCA.

GAPASCA
PO BOX 4842
Cerritos, CA 90703-4842