

# Portuguese American Membership Application

## Applicant Information

Name:

Address:

City:

State:

ZIP Code:

Home Phone

Cell Phone:

Email Address (Please print clearly)

Is this e-mail \_\_\_\_\_ Home \_\_\_\_\_ Work

*In an effort to speed communications to our members, e-mail will be used for notices and communications to our members. PAWA considers its members e-mail address personal and keeps this information private.*

## Employment Information

Occupation

Phone:

E-mail:

Fax:

**Portuguese Heritage**

Myself

Mother

Father

Portuguese Language I can:

Speak

Write

Read

None

## PAWA Sponsor (if applicable)

Name

*Please enclose yearly membership dues of \$25 (effective Jan to Dec) and mail application to Susan A. Pacheco, President PAWA, 197 Taunton Avenue, Suite 203, East Providence, RI 02914.*

*Checks to be made Payable to PAWA*

Signature of applicant:

Date: