



**GUAM SOCIETY OF AMERICA, INC.**

**National Capital Station**

**P.O. Box 1515**

**Washington, DC 20013-1515**



**ANNUAL MEMBERSHIP APPLICATION**

**DATE OF APPLICATION:** \_\_\_\_\_

**Membership for 20** \_\_\_\_\_ **- 20** \_\_\_\_\_

(NOTE MEMBERSHIP PERIOD IS JAN 1<sup>ST</sup> THRU DEC 31<sup>ST</sup> EACH CALENDAR YEAR)

Include this section in GSA Email Directory

Do not include this section in GSA Email Directory

**NAME:**

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**Please indicate your preference in receiving information from the Guam Society of America, Inc.:**

Facebook/Twitter/Text  Receive information by electronic mail (email)

**LIST CHILDREN 17 YEARS AND BELOW.**

NAME	GENDER	DATE OF BIRTH	NAME	GENDER	DATE OF BIRTH

**MEMBERSHIP CATEGORY (Check category registering for):**

- |   |   |
|---|---|
| <input type="checkbox"/> \$0 Honorary Member  | <input type="checkbox"/> \$100 Contributing Member  |
| <input type="checkbox"/> \$10 Student (College Student)                                 | <input type="checkbox"/> \$500 Sponsoring Member  |
| <input type="checkbox"/> \$10 Senior Citizen (62 years and above, couple or single)     | <input type="checkbox"/> \$1000 Life-Time Member  |
| <input type="checkbox"/> \$15 Individual (18 years and above)                           | <input type="checkbox"/> \$2500 Endowment Member  |
| <input type="checkbox"/> \$20 Husband and Wife/Couples                                  | <input type="checkbox"/> \$_____ I do not wish to become a member, but please accept my gift. |
| <input type="checkbox"/> \$25 Family (Includes single parent w/children 17 yrs & below) |   |

Mail your application with payment to the following address:

*Guam Society of America, Inc. Attention:  
Treasurer  
P.O. Box 1515  
Washington, DC 20013-1515*

Check payable to Guam Society of America, Inc.

Check #: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

Square Payment  or Website Payment

**I am interested in helping the Guam Society of America in the following: area(s):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Chamorro Night                 | <input type="checkbox"/> GSA Golf Tournament/Fiesta | <input type="checkbox"/> Membership Appreciation Night |
| <input type="checkbox"/> Cherry Blossom Ball            | <input type="checkbox"/> Hospitality                | <input type="checkbox"/> Memorial Day Picnic           |
| <input type="checkbox"/> Christmas/Holiday Party        | <input type="checkbox"/> Liberation Day Picnic      | <input type="checkbox"/> Scholarship Program           |
| <input type="checkbox"/> Facebook Page/Group or Website | <input type="checkbox"/> Membership                 | <input type="checkbox"/> Other _____                   |

*For more information about the organization or questions pertaining membership, write to the address above to the attention of the Guam Society of America, Inc. President or check out the Guam Society of America, Inc. website at: [www.guamsociety.org](http://www.guamsociety.org)*