



Kalayaan Filipino Cultural Organization (KFCO)

Membership No. _____

Date: _____

Thank you for your interest in joining KFCO! We appreciate your willingness to contribute your time and skills to support our mission and values.

MEMBERSHIP APPLICATION FORM

First Name: _____ Last Name: _____

Home No: _____ Cell No: _____

Email: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Emergency Contact: _____ Phone: _____

WHAT AREAS ARE YOU MOST INTERESTED IN VOLUNTEERING

- Community Outreach Fundraising & Sponsorship Administrative Support
 Event Decorator Social Media & Marketing Event Planning & Coordinator

Reason for Joining _____

CONFIDENTIALITY OF INFORMATION PROTOCOL

All personal and sensitive information provided in this membership form shall be treated with strict confidentiality in accordance with applicable privacy laws and regulations. The information collected will be used solely for the purposes of KFCO and will not be shared, distributed, or disclosed to any third party without the explicit consent of the member, except as required by law.

*Only the **KFCO Executive Council** has access to this information, and all members of the Council are bound by this confidentiality protocol to ensure the protection and privacy of all members.*

By signing this form, you acknowledge and agree to the confidentiality terms outlined above.

Member Signature

Date