

**MOVEMENT FOR THE REPEAL OF PHILIPPINE INDEPENDENCE LAW,
INC., PILIPINO INTERNATIONAL NATIONAL ORGANIZATION
("MR. PILIPINO")***

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APPLICATION FOR MEMBERSHIP**

NAME _____

ADDRESS _____

E-MAIL ADDRESS _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ FAX NUMBER _____

DATE OF BIRTH _____ SEX _____

PLACE OF BIRTH _____

CITIZENSHIP: [] American [] Filipino [] Dual [] Other: Specify _____

IF A REGISTERED VOTER, MY VOTER'S ID NO. _____

MY PRECINCT NO. _____

MY POLLING PLACE ADDRESS: _____

Dated: _____

SIGNATURE OF APPLICANT

*A Florida not-for-profit corporation. Its articles of incorporation and bylaws may be viewed in or downloaded from its website www.mrpilipino.org.

**No membership fee, but donations are welcome by mail or online. Please make checks payable to MR. PILIPINO.