

**Portuguese American
Suncoast Association, Inc.**

7808 46th Avenue North
St. Petersburg, FL 33709
727-546-0476
pasastpete@gmail.com



Membership Application

(one application per person over 18)

Name: _____ Date: _____
Address: _____ Apt: _____
City: _____ State: _____ Zip: _____ Phone: (____) _____
E-mail: _____ Date of Birth: _____
Dependent Children: Name _____ Date of Birth: _____
Name _____ Date of Birth: _____
Name _____ Date of Birth: _____

It is the responsibility of the member to notify PASA of any changes in contact information.

Please Select Appropriate Boxes

Sex: Male Female **Marital Status:** Single Married Other _____
Birthplace: Portugal United States Other _____
Nationality: United States Portuguese Other _____
Spouse's Nationality: United States Portuguese Other _____

Which Committees would you be willing to serve on?

Entertainment / Social Affairs Cook / Kitchen Help Public Relations
 Decorating / Set Up Baking / Desserts Serving
 Reservations for Social Event Bartender Clean Up

PASA activities are supported and provided by volunteers from our membership.

Dues Must Accompany Application

\$40/calendar year
(\$24 after July 1st for new members only)

Dues for Current Year: \$ _____ Received By: _____ Date: _____
Form of Payment: Cash Check Check #: _____ Credit Card
For credit card, E-mail _____ Mobile No. _____ (for payment link)

In efforts to provide a smoke-free environment, this is a non-smoking building.
Your cooperation is greatly appreciated. THANK YOU FOR NOT SMOKING.

Signature of Applicant: _____ **Date:** _____
Signature of President: _____ **Date of Acceptance:** _____