

**Portuguese American  
Suncoast Association, Inc.**

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



**Membership Application**

(one application per person)

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: \_\_\_\_\_

**Please Select Appropriate Boxes**

**Sex:** Male  Female  **Marital Status:** Single  Married  Other \_\_\_\_\_

**Birth Place:** 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 Events  Bartender  Clean Up

**Dues Must Accompany Application**

(After July 1<sup>st</sup>, dues are 60% of the regular annual dues)

Dues for Current Year: \$ \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
(\$40./yr. - \$24. for 6m or less)

Form of Payment: Cash  Check  Check #: \_\_\_\_\_

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: \_\_\_\_\_