



Portuguese-American Cultural Society of Palm Beach County, Inc.
13265 Okeechobee Rd. Loxhatchee, Florida 33470
Telephone (561) 798-1270

Proposta para Sócio *** Membership Application

Nome (Name) : _____ Data (Date) : _____

Morada (Address) : Rua (Street) _____ Apt. N° _____

Cidade (City) : _____ Estado/Provincia (State/Province) _____

Codigo Postal (Zip) : _____ País (Country) : _____ Telefone (Phone) : _____

Morada Alternativa: _____

Data de Nascimento (Birthdate) : _____ Natural de (Birth Place) : _____

Outras datas importantes, ex. Casamento (Other important dates, e.g. Marriage) : _____

Proposto por (Sponsored by) : _____

Emprego (Employer) : _____

Negocio Proprio (Self employed) _____ Aposentado (Retired) : _____

Talentos Artisticos (Artistic Talents) : _____

Organizações a que pertenceu (Organizations that you belong to) : _____

Cargos que ocupou (Positions held) : _____

Promise to obey all the rules and regulations of the Portuguese-American Cultural Society, and to cooperate with the Officers and Members in promoting the principles for which it stands. In consideration of the use of the facilities and grounds of the Portuguese-American Cultural Society of Palm Beach County, Inc., I, for my heirs, and administrators, release and forever discharge the Portuguese-American Cultural Society of Palm Beach County, Inc., and its agents, representatives, successors and assigns of all liabilities, claims, actions, damage, costs or expenses which I individually or in my capacity as parent, guardian or friend, may have against them arising out of my participation in this event, including travel to and from this event, and including injuries which may be suffered by me or my family member before, during or after the event. I understand that this waiver includes any claims based on negligence, and action or inaction on the part of the Portuguese-American Cultural Society, Inc., its agents, representatives, directors, and assigns.

Assinatura (Signature) : X _____

Quota anual (Yearly Dues) : \$40.00	Aprovado/a para Sócio/a em reunião da Direcção
Recebido por (Received by) :	(Approved by the Board of Directors)
_____	_____
Data (Date) : _____	Data (Date) : _____
For office use only Para uso da PACS	Sócio/a (Member) N° _____

Sociedade Cultural Luso-Americana

Non-Profit Socio-Cultural Organization Dedicated to the Preservation of our Heritage