



**CEBUANO SPEAKING ORGANIZATION**  
(a 501 (c)(3) non-profit organization)  
**P.O. BOX 56715, PORTLAND OR 97238**  
[cebuanospeakingorg@yahoo.com](mailto:cebuanospeakingorg@yahoo.com)

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## **MEMBERSHIP FORM**

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(Fill out and mail along with your check)

**NAME:** \_\_\_\_\_

**SPOUSE NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**Town / City you came from the Philippines:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_

**Birthday: Month** \_\_\_\_\_ **Day** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**PLEASE INDICATE IF YOU ARE INTERESTED IN SERVING THE CSO IN ANY CAPACITY**

INTERESTED: YES or NO

IF YES, IN WHAT CAPACITY (circle below)

PRESIDENT / VICE-PRESIDENT / SECRETARY / TREASURER / AUDITOR  
PRESS RELATION OFFICER / BOARD MEMBER

**VOLUNTEER:**

AUGUST PICNIC      CHRISTMAS PARTY

**SKILLS AND INTERESTS:** \_\_\_\_\_

**CSO ANNUAL MEMBERSHIP FEE: \$10.00 PER PERSON**

**Payment Options:**

- **By Cash**
- **By Check:** Please make checks payable to *Cebuano Speaking Organization* and mail them to the address listed.
- **Digital Payments:** We also accept Zelle, Venmo, and PayPal using the email address provided.

