



PHILIPPINE INDEPENDENCE DAY COUNCIL, INC.
with the support of the
PHILIPPINE CONSULATE GENERAL IN NEW YORK

ARMAN DAVID
President

CONSUL GENERAL SENEN MANGALILE
Honorary Adviser

2025-2026 MEMBERSHIP APPLICATION FORM

TYPE OF APPLICATION *(Please Check One):*

New Membership Application

Renewal Membership Application

Indicate Date of Last Renewal: _____

MEMBERSHIP DUES:

Please enclose a check covering your new membership application for \$50.00 or \$40.00 for renewal membership (for fiscal year period ending September 30, 2026).

Acceptable Checks must be in the form of, **please check one:**

Organization's check

Personal check of the current President/Treasurer

Personal check of the immediate past president

Zelle: treasurer@pidci.org

Enclosed Check Number: _____ **Payable to:** PIDCI or Philippine Independence Day Council, Inc.

Note: Your organization must comply with the acceptable payment methods above in order for your application to be considered complete and valid. Any returned checks may invalidate your organization's membership (and disqualify your organization from voting). Also, your organization (or the issuer of the check) is obligated to reimburse PIDCI for the amount of the check plus related bank charges for returned checks.

ORGANIZATION'S INFORMATION:

Full Name of the Organization: _____

Name of Current President: _____

Address: _____

Home Phone: _____ Mobile: _____

Email: _____ Term of Office of President (month and year): _____

As per PIDCI's By-laws, Applicants for membership shall be admitted to PIDCI by resolution of the Board, duly adopted at a meeting thereof. The documents required to accompany an application for membership shall be provided by the Board or in a Policy Manual to be adopted by the Board but **must include any two of the following items, A to F and either G or H below.**

A. The application for membership must be signed by the president or any designated executive officer with supporting proof of delegation and submitted with membership dues for the calendar year or **B.** Certificate of incorporation or **C.** By-laws or **D.** List of officers and members totaling at least ten (10), with their respective physical home address, and electronic address, if applicable; or **E.** Tax-exemption determination letter from the



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U.S. Internal Revenue Service, if any; or **F.** Certification or bank confirmation letter that the organization has a current and existing bank account or current bank statement bearing the name of the organization; **G.** Published record/photographs of activities of the organization; **H.** Minutes of the latest general meeting of the organization;

Acceptable documentation are as follows, check all that apply:

<input type="checkbox"/> Certificate of Incorporation <i>(please attach with application form)</i>
<input type="checkbox"/> Organization's By-Laws <i>(please attach with application form)</i>
<input type="checkbox"/> Tax-exempt letter from the US Internal Revenue <i>(please attach with application form)</i>
<input type="checkbox"/> Certification or bank confirmation letter that the organization has a current and existing bank account or current bank statement bearing name of organization <i>(please attach with application form)</i>
<input type="checkbox"/> Minutes of the latest general meeting of the organization <i>(please attach with application form)</i>
<input type="checkbox"/> Published record/photographs of activities of the organization <i>(please attach with application form)</i>
<input type="checkbox"/> List of officers and members totaling at least ten (10) including the President
1.) Name: _____ Title/Position: _____ Phone: _____ Email: _____ Address: _____
2.) Name: _____ Title/Position: _____ Phone: _____ Email: _____ Address: _____
3.) Name: _____ Title/Position: _____ Phone: _____ Email: _____ Address: _____
4.) Name: _____ Title/Position: _____ Phone: _____ Email: _____ Address: _____
5.) Name: _____ Title/Position: _____ Phone: _____ Email: _____ Address: _____
6.) Name: _____ Title/Position: _____ Phone: _____ Email: _____ Address: _____
7.) Name: _____ Title/Position: _____ Phone: _____ Email: _____ Address: _____
8.) Name: _____ Title/Position: _____ Phone: _____ Email: _____ Address: _____
9.) Name: _____ Title/Position: _____ Phone: _____ Email: _____ Address: _____



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PIDCI respects the organization's privacy. By signing this membership application form, the organization agrees to have its organization's information available to share when PIDCI is requested to. Information will not be used for commercial distribution or purposes.

Name of Officer: _____

Current Title/Position: _____

Signature: _____ Date: _____

Mailing Instructions:

Please mail this form (completed and signed), with all other required documents along with your payment. Annual renewal applications must be POSTMARKED or emailed to membership@pidci.org by or before midnight **Friday, August 15, 2025** in order to vote during the next annual election.

Aida Tagle
Chair, Membership Committee 2025-2026
1050 Stone Street
Union, NJ 07083
Email: membership@pidci.org

NO HAND DELIVERED APPLICATION WILL BE ACCEPTED

For questions or information, please call: Aida Tagle 646-371-5425

FOR PIDCI USE ONLY

This section to be completed by PIDCI Membership Committee:

Application Received by: _____ Date Received: _____

Signature: _____ Date: _____

Payment Method Verification Completed by: _____

Signature: _____ Date: _____

Membership Approved by: _____ Aida Tagle, Chairman of Membership 2025

Date Membership Approved by PIDCI Board of Directors: _____