

THE ASSOCIATION OF CHINESE AMERICAN PROFESSIONALS (ACAP)

10303 Westoffice Drive, Box 194, Houston, Texas 77042

<http://www.acap-usa.org>

MEMBERSHIP APPLICATION FORM

Name: Mr./Mrs./Ms./Dr. _____ (Chinese) _____
Last First Middle

Spouse: _____ (Chinese) _____ ACAP Member: Yes _____ No _____

Mailing Address: _____ Home or _____ Business _____

Phone: Home _____ Work _____ Mobile _____

Fax: Home _____ Work _____

E-mail: Home _____ Work _____

Education:	Degree	University/Institute	Major Field
_____	_____	_____	_____
_____	_____	_____	_____

Currently enrolled at (University): _____ Expected Degree/Date: _____

Employer: _____

Other Chinese Society Membership:

Division Preference (Please Check):

<input type="checkbox"/> Architecture Engineering	<input type="checkbox"/> Education	<input type="checkbox"/> Law	<input type="checkbox"/> Polymer
<input type="checkbox"/> Biomedical Science	<input type="checkbox"/> Electrical Engineering	<input type="checkbox"/> Literature and Art	<input type="checkbox"/> Political Science
<input type="checkbox"/> Business	<input type="checkbox"/> Environmental	<input type="checkbox"/> Mechanical Engineering	<input type="checkbox"/> Social Science
<input type="checkbox"/> Chemical Technology	<input type="checkbox"/> Industrial Engineering	<input type="checkbox"/> Medical & Health Science	<input type="checkbox"/> Space Technology
<input type="checkbox"/> Civil Engineering	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Petroleum Technology	<input type="checkbox"/> (Other) _____

Field of Specialization: _____

Membership Type and Fee (Please Check One):
 Life Member - \$200 (one-time payment)
 Regular Member - \$15/annual (January through December)
 Associate (Student) Member - \$5/annual (Jan. through Dec.)

ACAP Function and Program Interests:

<input type="checkbox"/> Continuing Education	<input type="checkbox"/> Budget and Finance	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Membership Drive	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Student Liaison	<input type="checkbox"/> (Others) _____	

Comments/Suggestions: _____

Member Signature: _____ Date: _____

Make check payable to: ACAP

Mail to: ACAP Membership Drive
10303 Westoffice Drive, Box 194
Houston, Texas 77042