



## Membership Application

Name \_\_\_\_\_  
Last First Middle

Department \_\_\_\_\_

University Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Areas of expertise and/or interests \_\_\_\_\_

### Optional Information

Marital/Domestic Status \_\_\_\_\_ Country of Origin \_\_\_\_\_

#### # of Children and their age and gender

Male \_\_\_\_\_ Ages \_\_\_\_\_

Female \_\_\_\_\_ Ages \_\_\_\_\_

Special Interests of family members \_\_\_\_\_

Like to serve on an AsiaConnect committee? Please check the committee(s) of interest to you:

- Programming and Social committee
- Membership and Recruitment Committee
- Campus and Community Outreach Committee

Signature \_\_\_\_\_

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Please make check payable to AsiaConnect and mail it to Campus Box 3390, Attn: Christine Tsui

### AsiaConnect Membership Receipt

Received From \_\_\_\_\_

Amount Paid  Membership due - \$25, plus  Donation \$ \_\_\_\_\_

Date \_\_\_\_\_ Received By \_\_\_\_\_