



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 _____

Please make check payable to AsiaConnect and mail it to

**AsiaConnect,
Attn: Miranda Lin,
School of Teaching and Learning,
Illinois State University, Campus Box 5330,
Normal, IL 61790-5330**

AsiaConnect Membership Receipt

Received From _____

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

Date _____ Received By _____