**Eastern Virginia Chinese American Association Membership Application Form**

**Name** (English)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name** (Chinese)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse Name** (English)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name** (Chinese)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip**\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number Home** (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_**Cell** (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_**Spouse Cell** (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_

**E-mail** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Spouse E-mail** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVCAA Membership Dues (please circle one):**

Student $0/Annual $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual $20/Annual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family $35/Annual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lifetime (Individual) $500 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lifetime (Family) $1000 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Dues $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Contribution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I join the association voluntarily and will adhere to the EVCAA By-Laws and/or the Network Society regulations.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail Membership Form and Check Payable to:

**EVCAA**

P.O. Box 64791

Virginia Beach, VA 23467

Visit our website at http://www.evcaa.org.

RECEIPT OF EVCAA No.\_\_\_\_\_\_\_

Membership fee received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Donation received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your support!

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OFFICE USE ONLY Receipt No:

Check No: \_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_Received by \_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

If new membership, notify the approval with by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_