

# 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

OFFICE USE ONLY

Receipt No:

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

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

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

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

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

Thank you for your support!