

中华专业人士协会
Association of Chinese Professionals

MEMBER REGISTRATION FORM

Field marked with an "*" is required field. Please indicate "N/A" if information is not available.

PERSONAL INFORMATION

Last Name* _____ First Name* _____ Chinese Name _____
Gender *M _____ F _____ Year Arrived In U.S. _____ Chinese Hometown _____

CONTACT INFORMATION

Home Phone* _____ Work Phone _____ Cell Phone _____
Primary Email* _____ Secondary Email _____
Street* _____ City* _____ State* _____ Zip* _____

PROFESSIONAL INFORMATION

Occupation* _____
Employer * _____ Employer Industry _____

ACADEMIC INFORMATION

School of Graduation (U.S.) _____
Degree _____ Major _____
School of Graduation (China) _____

MEMBERSHIP INFORMATION (please check "√")

Membership Type* Single \$20 _____ Family \$30 _____ Student \$10 _____
Silver \$50 _____ Gold \$100 _____
Sponsor \$200 _____ Corporate \$500 _____
Payment Type* Cash _____ Check _____ (payable to ACP)

Please mail completed Member Registration Form and payment to:

ACP Membership
P.O. Box 922436
Norcross, GA 30010-2436
To contact ACP, please email bod@acp-atlanta.org Website: <http://www.acp-atlanta.org>

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