

**THE ASSOCIATION OF CHINESE AMERICAN PROFESSIONALS (ACAP)**  
10303 Westoffice Drive, Box 194, Houston, Texas 77042  
<https://www.acap-usa.org>

**MEMBERSHIP APPLICATION FORM**

Name: Mr./Mrs./Ms./Dr. \_\_\_\_\_ (Chinese) \_\_\_\_\_  
Last First Middle

Spouse: \_\_\_\_\_ (Chinese) \_\_\_\_\_ ACAP Member: \_\_\_\_\_ Yes \_\_\_\_\_ No

Mailing Address: \_\_\_\_\_ Home or \_\_\_\_\_ Business \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Fax: Home \_\_\_\_\_ Work \_\_\_\_\_

E-mail: Home \_\_\_\_\_ Work \_\_\_\_\_

Education:	Degree	University/Institute	Major Field
	_____	_____	_____
	_____	_____	_____

Currently enrolled at (University): \_\_\_\_\_ Expected Degree/Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Other Chinese Society Membership: \_\_\_\_\_

Division Preference (Please Check):

<input type="checkbox"/> Architecture Engineering	<input type="checkbox"/> Education	<input type="checkbox"/> Law	<input type="checkbox"/> Polymer symposium
<input type="checkbox"/> Biomedical Science	<input type="checkbox"/> Electrical Engineering	<input type="checkbox"/> Literature and Art	<input type="checkbox"/> Political Science
<input type="checkbox"/> Business	<input type="checkbox"/> Environmental	<input type="checkbox"/> Mechanical Engineering	<input type="checkbox"/> Social Science
<input type="checkbox"/> Chemical Technology	<input type="checkbox"/> Industrial Engineering	<input type="checkbox"/> Medical & Health Science	<input type="checkbox"/> Space Technology
<input type="checkbox"/> Civil Engineering	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Petroleum Technology	<input type="checkbox"/> (Other) _____

Field of Specialization: \_\_\_\_\_

Membership Type and Fee (Please Check One):  
 Life Member - \$200 (one-time payment)  
 Regular Member - \$40/annual (January through December)  
 Student Member - \$10/annual (January through December)

ACAP Function and Program Interests:

<input type="checkbox"/> Continuing Education	<input type="checkbox"/> Budget and Finance	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Membership Drive	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Student Liaison	<input type="checkbox"/> (Others) _____	

Comments/Suggestions: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make check payable to: ACAP

Mail to: ACAP Membership Drive  
10303 Westoffice Drive, Mail Box 194  
Houston, Texas 77042