



ASSOCIATION OF ASIAN-AMERICAN WOMEN

P.O. BOX 60301
San Angelo, TX 76906

MEMBERSHIP APPLICATION

Please check one: New Member – Regular _____ . Honorary _____ . Associate _____ .
Renewal _____

Referred by: _____

Name: _____
(Last Name) (First Name) (M.I.)

Address: _____
(Street Address) (City, State, Zip Code)

Country of Origin: _____ Date of Birth: _____
(Month/Day)

Email Address: _____ Phone number(s): _____

Name of Spouse: _____ Names of Children/Ages: _____

Hobbies/Skills: _____

PAST Community Involvement: _____

PRESENT Community Involvement: _____

Please check if you would like to volunteer in these committees:

Membership: _____ Telephone: _____ Budget & Finance: _____

Press Relations: _____ Programs & Events: _____ Education: _____

Yearly dues are \$20.00 per person or \$35 per family

If you wish to make a voluntary donation, please complete the following. Make checks payable to AAAW.

Contribution to Education Fund	\$ _____
Contribution to Asian Center	\$ _____
Total	\$ _____

I shall release the Association of Asian-American Women, San Angelo, Texas, of any legal issues/responsibilities. I agree to abide by the rules and regulations of the Association.

Signature: _____ Date: _____

Office use only: Date received	Cash	Check
---------------------------------------	------	-------