

MEMBERSHIP ENROLLMENT FORM

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: M F Date of Birth: ____ / ____ / ____

Telephone Number: (____) _____

Email: _____

Field of Art Expertise, Interests, and Talents: _____

Marital Status: Married Single Other: _____

Language: English Chinese Other: _____

Date: _____ / _____ / _____

Please check any of the following voluntary options:

- Financial Support
- Time (teaching, organizing, participating in activities, etc.)

MANDATORY MEMBERSHIP FEE OF \$50 PER YEAR