

Membership Application

Name: _____

Address: _____

Phone: _____

Email: _____

Date: _____

Referring Members (2):

Name: _____

Email: _____

Check One:

Full Member Applicant ___ **Associate Member Applicant** ___

Full Members are US citizens and enjoy voting rights.

Associate Members need not be US citizens, and enjoy all member benefits except for voting rights.

Please mail this form, along with a check in the amount of \$35, payable to CACAGNY, to:

CACAGNY
39 Bowery #613
New York, NY 10002

For credit card orders, please email information above to cacagny2016@gmail.com, and visit <https://squareup.com/store/cacagny> to make payment.

Please contact us with any questions at cacagny2016@gmail.com.

Membership in CACAGNY is subject to the by-laws set forth by the Chinese American Citizens Alliance of Greater New York Inc., and is available upon request to the applicant. In the event the application for membership is not accepted, membership fee will be refunded in full.