**Kentucky Chinese American Association**

**Membership Application Form**

**肯塔基华人协会会员申请表**

**Please select a type of membership** 请选择会员类型**:**

\_\_\_\_Family Membership (家庭会员) $30.00/year年

\_\_\_\_Regular Membership (一般会员) $15.00/year年

\_\_\_\_Senior Citizen (65 years & up) Membership (老年会员) $10.00/year年

Paid by \_\_\_\_\_\_Check\* \_\_\_\_\_\_\_Cash \_\_\_\_\_\_Money Order\* \_\_\_\_\_\_Credit Card

(付款类型) (支票) (现金) (现金支票) (信用卡)

\*Check and Money order are payable to KYCAA (支票请付给 KYCAA)

**Please fill out the following information** 请填写下列表格：

Last Name (姓) \_\_\_\_\_\_\_\_\_\_\_\_\_ First Name (名)\_\_\_\_\_\_\_\_\_\_\_ Middle (别名)\_\_\_\_\_\_\_\_\_\_

Address (住址) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_\_ (Cell)

 (家庭电话) (工作电话) (手机)

Email (电子信箱) ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature) 签名 (Date) 日期**

I hereby certify that I am at least eighteen (18) years old and have read Bylaws of KYCAA. I am interested in the mission of the organization, and recognize and abide by the Bylaws.

**Annual membership fee should be sent to (**请将年会费寄到下列地址)**:**

**KYCAA/Membership**

**P.O. Box 910186**

**Lexington, KY 40591-0186**

Please note a receipt of your membership fee will be sent to you via email or mail.