

Asian American Cultural Center

where East meets West

11713 Jollyville Road, Austin, TX 78759
Tel: (512)336-5069 Fax: (512)336-5075

MEMBERSHIP APPLICATION FORM

(AMOUNTS SHOWN BELOW ARE ANNUAL FEES)

___ Family (\$30) ; ___ Individual (\$15) ; ___ Corp. Staff (\$10) ; ___ Student (\$5)

Principal Member's information:

Name: _____ (_____)
 First M.I. Last Names in your own language (optional)

Address: _____
 Street number City State Zip

Date of Birth: ____ / ____ / ____ Gender: Male / Female
 MM DD YY Please circle

Home Phone: (____) _____ Mobile Phone: (____) _____

Work Phone: (____) _____ E-mail: _____

Employer: _____
 Name and Address

Members of the family (including spouse):

First name Last name Birthday Sex Names in own language (optional)

Membership Benefits: As our member, you and your family will get 10% discount of all classes you register, rent our different spaces, free admission for special parties, and festivals.

I hereby submit application to *Asian American Cultural Center* for membership. I (and members of my Family in case of applying for Family or Corp. Staff Membership) agree to abide by the Rules, Regulations and the mission of the *Center*.

Signature of Principal Member

Date

After you have completed this form, please return it to the *Asian American Cultural Center* together with a check for the Membership Fee.

Office use only

Date App. received: _____ Membership # _____

Annual Fee received: \$ _____ Number of Membership Cards issued: _____

Date Membership approved: _____ Date Membership Card(s) dispatched: _____

Notes: _____

MEM _____ COO _____ PRE _____