

Chinese-American Professors' Association in Connecticut Membership Application

First Name: _____ Last Name: _____ Sex: Male Female

Current Position: Tenured Tenure Track Non-Tenure Track

Professor Associate Professor Assistant Professor Other _____

Institution: _____

Department: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home/Cell Phone (optional): _____

Email: _____

Specialties: _____

Highest Degree: _____ Year: _____ Institution: _____

Specialization/Major: _____

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Annual Dues:

Date paid:

Individual: \$ 35.00

Life (*one time fee*): \$800.00

Donation: \$ _____

Total Remittance: \$ _____

(Make check payable to: CAPA-CT)

Mail your completed **application** with **payment** to:

CAPA Treasurer C/o Xinyi Lu
25 Brierwood Drive,
Woodbridge, CT 06525.

*Receipt of payment will be duly acknowledged by email via address provided on the form.