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2010 MEMBERSHIP ENROLLMENT FORM

中美協會會員申請表格

NAME IN CHINESE : _____ NAME IN ENGLISH : _____
Last First

ADDRESS: _____

CITY: _____ ZIP CODE : _____

HOME PHONE: _____ CELL PHONE : _____

EMAIL ADDRESS: _____

Prefer to receive newsletter by post or by Email (make sure include your email)

REMARKS : _____

Please mail this form and a check of \$15 per semester (membership fees), \$30 a year (membership fees) to

CAACF
716 E. Colonial Drive
Orlando, FL 32803

Membership card will be sent to you by mail