

CPCA Membership Registration Form

February 1st, 2017 to January 31st, 2018

FEE: Individual: \$12.50; Family: \$25

- ❖ The Family Membership includes spouse, unmarried children and member's parents or grandparents *who live in the same household*. Please make checks payable to **CPCA**.

BENEFITS: Receive newsletter, member directory and discounted prices to all CPCA events, selected restaurants and services.

MEMBER INFORMATION: (* - required field)

* Adult's Name: Mr. / Mrs. / Ms. _____(Chinese/English)

Mr. / Mrs. / Ms. _____(Chinese/English)

* Phone #: _____

❖ Have you ever been a CPCA member in any of the past 3 years? YES NO

❖ Has your contact information changed since then? YES NO

- ❖ Information provided will be kept by CPCA for member records and contact purposes only. You may mark with an X any information that you do **NOT** want published in the CPCA Member Directory.

* Address: _____
(street) (city) (zip code)

* Email: 1. _____ 2. _____

Child's Name: F / M _____ Year of Birth _____

F / M _____ Year of Birth _____

F / M _____ Year of Birth _____

F / M _____ Year of Birth _____

Other family members that live in the same household:

Name: Mr. / Mrs. / Ms. _____ Relationship: _____

Name: Mr. / Mrs. / Ms. _____ Relationship: _____

Date: _____