



PHOENIX CHINESE WEEK

Promote our culture

Unite our communities

Educate our children

Phoenix Chinese Week MEMBERSHIP APPLICATION FORM

| PERSONAL INFORMATION | | | |
|--|--|---|---|
| Please Print: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. | | | |
| First Name | | MI | Last Name |
| Home Address, City & Zip code | | | |
| Email Address | | | |
| Home Phone # | | Cell Phone # | |
| Occupation/Title | | | |
| Employer | | | |
| If you would like to be involved, select all areas of interest: | | | |
| <input type="checkbox"/> Children's Pavilion | <input type="checkbox"/> Souvenir Book/ Brochure | <input type="checkbox"/> Booths/ Vendors | <input type="checkbox"/> Website & Design |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Cultural Outreach | <input type="checkbox"/> Photography | <input type="checkbox"/> PR / Media |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> Grants | <input type="checkbox"/> Videography | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Sponsorship | <input type="checkbox"/> Art Contest | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Banquet |
| Submission Instructions | | | |
| Membership Fee <i>The PCW Membership Fee is \$10 per year from January 1 to December 31 of the same year.</i> | | To become a member, please fill out this application completely and submit it with your membership fee to: Phoenix Chinese Week P.O.Box 40393 Phoenix, AZ 85067-0393 | |
| I would like to become a member of Phoenix Chinese Week and have filled out this application completely and accurately. I am submitting dues of \$__ along with my application and agree that this information will be held on my record for as long as I am a member. | | | |
| Applicant Signature: _____ | | Date: _____ | |
| (For Office Use) | | | |
| Date paid: __/__/____ | | Payment form: _____ Approved by: _____ | |