**美東南區中華學人協會 (CAPASUS)**

**Chinese-American Academic and Professional Association in Southeastern United States**Regular Membership Application form（2013 Revised）English version

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| --- | --- | --- | --- | --- | --- | --- |
| Chinese Name  (Applicant and Spouse) | | English Name (Applicant and Spouse) | | Sex | Date of Birth (Year only) | Date of Application |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | Major | | School | | | Year of Graduation |
| Undergraduate |  | |  | | |  |
| Master |  | |  | | |  |
| PhD or Others |  | |  | | |  |
| Background | \_\_\_ Art/Social Science \_\_\_ Business/Economics \_\_\_ Law/Politics  \_\_\_ Medicine/Health \_\_\_ Science/Engineering  Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Work Address |  | | | | Work Phone |  |
| Home Address |  | | | | Home Phone |  |
| E-mail |  | | | | | |
| Recommendation (2 persons) | Chinese Name (optional) | | | | English Name | |
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| Required documents | 1. Application form and one recent passport size photo  2. Curriculum vitae E-mail (1) and (2) directly to Dr. Wan-Li Ho at howanli1@gmail.com  3. One recommendation letter from the recommending person (optional) directly to  Dr. Wan-Li Ho at howanli1@gmail.com  4. Please send a check for $20 of application fee payable to CAPASUS to:  **Dr. Wan-Li Ho: 5741 Reps Trace, Norcross, GA 30071** | | | | | |