**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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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/EngineeringDetails \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Work Address |  | Work Phone |  |
| Home Address |  | Home Phone |  |
| E-mail |  |
| Recommendation (2 persons) | Chinese Name (optional) | English Name |
|  |  |
|  |  |
| Required documents | 1. Application form and one recent passport size photo2. Curriculum vitae E-mail (1) and (2) directly to Dr. Wan-Li Ho at howanli1@gmail.com3. One recommendation letter from the recommending person (optional) directly to Dr. Wan-Li Ho at howanli1@gmail.com4. Please send a check for $20 of application fee payable to CAPASUS to:**Dr. Wan-Li Ho: 5741 Reps Trace, Norcross, GA 30071** |