

**NEW YORK CITY HOUSING AUTHORITY
CHINESE-AMERICAN ASSOCIATION**

MEMBERSHIP/ASSOCIATE MEMBERSHIP

APPLICATION/RENEWAL FORM

Date: _____

Name: (English) _____ (Chinese) _____

Dept. /Office: _____

Title: _____ Date Joined Authority: _____

Office Address: _____

Tel. #: _____ Fax #: _____

Home Address: _____

Tel. #: _____ Email Address: _____

** Please notify NYCHA CAA for change of address/tel. A.S.A.P.

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ANNUAL MEMBERSHIP DUES: \$10.00

LIFE-TIME MEMBERSHIP DUES (one-time): \$100.00

(**You may choose to become a Life-Time Member by joining the Membership with a one-time payment of \$100.00)

Please make check payable to: NYCHA Chinese-American Association

**SEND TO: NYCHA Chinese-American Association
P.O. Box 1899, Church Street Station
New York, NY 10008**

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APPROVED _____ MEMBER _____ ASSOCIATE MEMBER _____

Membership dues received by: _____

Check #: _____ Amount: \$ _____ Date: _____

DISAPPROVED (reason): _____