

2008-2009 Membership/Donation Form

Asian Pacific Islander Caucus for Public Health

in official relations with the American Public Health Association

www.apicaucus.org

ASIAN
PACIFIC
ISLANDER
CAUCUS

Membership is open to all interested in addressing public health issues affecting Asians, Native Hawaiians & Pacific Islanders in the United States and associated jurisdictions in affiliation with the American Public Health Association. **Membership is free** and includes lifetime benefits to APIC sponsored events and access to APIC networks and listserv. However, we depend on and appreciate your annual voluntary contributions which allow us to continue to advance API health priorities through the APHA. **This form is for new APIC memberships, donations, and for updates to your contact information.**

I want to: Be an APIC Member Donate Update Contact Info

Name: _____ Date: _____

Title(s): _____ Degree(s): _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () - ext. Fax: () -

Email: _____

APHA Membership: Y N Other APHA Section, SPIG & Caucus Membership(s): _____

How did you hear about APIC?

Interested in Volunteering for the Caucus?

Outreach/Membership	Abstract Reviewer	Event Planning
Awards Committee	Policy/Advocacy	Website
Student Mentor	Other:	

Caucus Benefits:

Membership benefit includes enrollment on our listserv.

Please check here if you do **NOT** want to be on the listserv.

The Caucus will publish a member directory electronically:

Please include all my information in the member directory

Please do not include my information in the member directory

Please include only checked contact information. (If completing form electronically, use ***bold italics*** for contact information to be included).

I support the API Caucus at the voluntary donor level indicated below. Donors will be recognized in the annual membership directory. *The Caucus relies upon annual contributions from its members.*

Individual:

Student: \$5

Sustaining Donor: \$30

Leadership Circle: \$60

Annual Endowment: \$100+

Other (Please Specify): _____

Organizational:

Group Sponsor: \$300

Leadership Circle: \$600

Annual Endowment: \$1000+

Other (Please Specify): _____

Contributions can be made by check or via *Paypal*:

Check enclosed. Make checks payable to API Caucus. Mail check with completed membership form to:

DR. DOMIN CHAN
BOX 356560
1959 NE PACIFIC STREET
SEATTLE, WA 98195-6560
ATTN: API Caucus

Payment via *Paypal*. Go to www.apicaucus.org/membership and email this completed form to: treasurer@apicaucus.org