

Taiwanese American Professionals Membership Application

Contact Information: (Please Print Clearly)

First Name: _____ Last Name: _____

Nickname: _____ Birthday: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Employer: _____ Position: _____

Email Address (Personal Preferred): _____

More About You:What school/university did you attend?
_____What is your occupation? If you are a student, what is your area of study?
_____What are other community organizations you are a member of?

_____What are some of your hobbies/personal interests?

_____What do you want to get out of TAP?

What areas are you interested in getting involved with? (Check more all that apply)

<input type="checkbox"/> Professional	<input type="checkbox"/> Social	<input type="checkbox"/> Golf Group
<input type="checkbox"/> Community Service	<input type="checkbox"/> Leadership	<input type="checkbox"/> Dinner Group

INTERNAL USE ONLY

Payment Method:

 Cash Check # _____

Membership Expiration: _____