



會 學 技 科 程 工 僑 華 洲 美

CHINESE AMERICAN INSTITUTE OF ENGINEERS AND SCIENTISTS

17 Water U. Lum Place, San Francisco, CA 94108

APPLICATION FOR MEMBERSHIP

Name: _____

Chinese Name: _____

Spouse: _____

Phone (home): _____

Address: _____

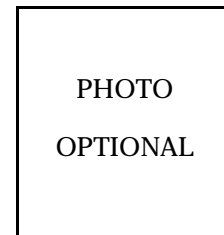
Phone (work): _____

City & State: _____ CA _____

eMail: _____

*APPLICATION FOR (please check one):

- Full Membership
- Student Membership
- Associate Membership



*Note: The membership due is set by the Board of Directors and subject to change.
Please return this form with your resume and the first year due to your Sponsor.

Qualification:

(1) Profession: _____

Name of Firm: _____

Address: _____

CA _____

Position or Title: _____

Number of years: _____

(2) Education (School Attended): _____

Class of: _____

Major/Field: _____

Degree: _____

Please specify field, i.e. ME, EE, Electronics, CE, Chem E, etc.

I, the Applicant, authorize the above information to be used and released by C.A.I.E.S. for the benefit or welfare of the undersigned and for the furtherance of the aims and purposes of the organization's Bylaws as stated on the following page.

Signature of Applicant: _____

Date: _____

Signature of Sponsoring Member: _____

Name of Member: _____

For C.A.I.E.S. Board action only:

_____ Approved by the Board of Directors

_____ Disapproved by the Board of Directors

Vote Count: _____

Date: _____