



**US PAN ASIAN AMERICAN
CHAMBER OF COMMERCE
EDUCATION FOUNDATION**

USPAACC- EF INDIVIDUAL MEMBERSHIP APPLICATION

Application Date: ___ / ___ / ___

1. Personal Information

First Name Last Name

Title Company/ Affiliation

Primary Phone Number Cell Phone Number

Fax Number E-mail Address

Street Address Suite Number (if any)

City State Zip Code

2. Ethnicity Background (check at least one)

- | | | | |
|---------------------------------------|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guam | <input type="checkbox"/> Pakistan | <input type="checkbox"/> African American |
| <input type="checkbox"/> Bangladesh | <input type="checkbox"/> Hmong | <input type="checkbox"/> Samoan | <input type="checkbox"/> Hispanic American |
| <input type="checkbox"/> Bhutan | <input type="checkbox"/> Japanese | <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean | <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Others
(please specify) |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Laotian | <input type="checkbox"/> Thai | |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Nepal | <input type="checkbox"/> Vietnamese | _____ |

3. Citizenship/Legal Resident Information

- U.S. Citizen
- U.S. Permanent Resident
- Other Citizenship (please specify): _____

4. Professional Background

- | | | |
|---|---|---|
| <input type="checkbox"/> Advertising & Media | <input type="checkbox"/> Architecture & Designing | <input type="checkbox"/> Automotive |
| <input type="checkbox"/> Chemicals & Dyes | <input type="checkbox"/> Constructions | <input type="checkbox"/> Cosmetics |
| <input type="checkbox"/> Educational Training | <input type="checkbox"/> Electronics | <input type="checkbox"/> Environmental Services |
| <input type="checkbox"/> Fabrics & Textiles | <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Food & Beverage |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Gifts & Handicrafts | <input type="checkbox"/> Household Consumables |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Import/Export | <input type="checkbox"/> Information Technologies |
| <input type="checkbox"/> Laboratory Research | <input type="checkbox"/> Logistic Services | <input type="checkbox"/> Machine Tools & Technology |
| <input type="checkbox"/> Manufacturing Services | <input type="checkbox"/> Musical Instruments | <input type="checkbox"/> Nuclear Technology |
| <input type="checkbox"/> Office Supplies | <input type="checkbox"/> Packaging | <input type="checkbox"/> Plastic & Product |
| <input type="checkbox"/> Printing & Publishing | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Sporting Goods | <input type="checkbox"/> Telecom Products |
| <input type="checkbox"/> Tooling Equipment | <input type="checkbox"/> Transportation | <input type="checkbox"/> Travel & Tourism |

Others (please describe) _____

5. How do you know USPAACC-EF?

- USPAACC-EF Website/ FACEBOOK/ TWITTER/ LinkedIn
- USPAACC-EF Events, which one? _____
- USPAACC-EF Emails/Newsletters
- Internet Articles or Other Websites, which one? _____
- Other Events, which one? _____
- Your Business Partners, Friends, or Family
- Others (Please describe) _____

6. Please let us know your expectation for future USPAACC-EF activities and events?

7. Please let us know your intention to join USPAACC-EF Individual Membership?

8. Affidavit

I certify that all information provided in this application is accurate, understand omission of any information may delay or cause rejection of my application, and give USPAACC access to visit my business premises. I also understand that providing false information will be grounds for rejection or denial of my certification. I recognize that USPAACC can at any time terminate my certification for cause. All materials submitted become the property of USPAACC and this information will be kept strictly confidential. If approved for certification, I will abide by the rules promulgated by USPAACC to be a supplier in good standing. I agree USPAACC can make inquiries of credit bureaus, banks, lending institutions, bonding companies, vendors, suppliers, insurance companies, past employers and concurrent contractors concerning the financial responsibility of the applicant.

Print Name

Signature

Date

9. Payment Information

A **\$250.00** check is enclosed as a non-refundable processing fee
(Payable to **USPAACC-EF, 1329 18th Street NW, Washington, DC 20036**)

Or Credit Card charge of **\$250.00**

VISA Card Master Card American Express Discover Card

Card No. _____ Expiration Date _____

Name on Card _____

Billing Address _____

Signature _____ Date _____

Please send this form and payment either by fax, email, or mailing to:

US Pan Asian American Chamber of Commerce - EF

Attn: ABE/ MBE Business Dept.

1329 18th Street, NW, Washington, DC 20036

Tel: 202-296-5221 ext 133 or 130 Fax: 202-296-5225

Email: mihyun@uspaacc.com or janice@uspaacc.com