



Organization of Chinese American Women Silicon Valley Chapter

MEMBERSHIP APPLICATION

Website: www.ocaw-svc.org

E-mail: OCAWSVC2020@gmail.com

Date Applied: _____

Lifetime Membership Fee \$100

Please make checks payable to OCAW and send to: OCAW, P. O. Box 2251, Saratoga, CA 95070
(Donation is welcome and tax-deductible for the amount exceeding \$100 lifetime membership fee)

Name (English): _____ (Chinese, if any) _____

Home Address: _____

E-mail Address (Needed): _____

Most of the announcements are sent by e-mail. Please keep your addresses and phone #s updated.

Phone Numbers: (Home) _____ (Cell) _____ (Work) _____

Person referred you to OCAW: _____

Specialty / Hobby: _____

Prefer to be contacted by (please check): E-mail Phone with #s _____

Please select one or more committees in which you would like to participate:

- | | | |
|--|--|--|
| <input type="checkbox"/> Website Committee | <input type="checkbox"/> Fashion Show Committee | <input type="checkbox"/> Scholarship Committee |
| <input type="checkbox"/> Event Coordinator | <input type="checkbox"/> Public Relation Committee | <input type="checkbox"/> Hospitality Committee |
| <input type="checkbox"/> Finance Committee | <input type="checkbox"/> Historian Committee | <input type="checkbox"/> Membership Committee |

OCAW-SVC use only

Membership _____ Webmaster _____ Treasurer _____