

NATIONAL ASSOCIATION OF ASIAN-AMERICAN PROFESSIONALS - CONNECTICUT
NAAAP is the proving ground for North American Asian Professionals, forging leaders of tomorrow through professional and leadership development, cultural awareness, and community service.

NAAAP MEMBERSHIP APPLICATION				
APPLICANT INFORMATION				
First Name:		Last Name:		
Date of birth:	Home Phone:		Work Phone:	
Email address (you will be added to our email list):				
Current Mailing Address:				
City:		State:	ZIP Code:	
Male	Female	Ethnicity:		Single
<i>(Please circle)</i>				Married
				<i>(Please circle)</i>
Member Login <i>(Please print clearly):</i>			Password <i>(please print clearly):</i>	
EMPLOYMENT INFORMATION				
Current employer:				
Industry Type:				
Position and Title:			Income (optional):	
EDUCATION INFORMATION				
Names of Schools Attended	State/Country:	Graduation Year:	Degree and Concentration:	
College:				
Masters:				
Other/Technical Degrees				
OTHER INFORMATION				
Activity and Committee Preferences (circle one or more):		Membership in other organizations:		
Professional/Leadership Development				
Community Service				
Culture Awareness/Education				
National NAAAP-Verizon Scholarship				
Communications (Marketing & PR)		Professional Certifications:		
Corporate Sponsorship				
Membership				
Technology				
Special Events (Fundraising/social events)				
Leadership Chair Position/Board of Directors				
How did you hear about NAAAP?		Circle the membership rate/s that apply to you:		
Referred by:		New Member (\$30) Two-Year Membership (\$50)		
		Student (\$25) Renewal (\$30) Promo(\$0)		
Do you know of others who might be interested in NAAAP?	Name:	Email:		
	Name:	Email:		
SIGNATURE				
I authorize the National Association of Asian-American Professionals (NAAAP-CT) to add this information to their membership database and to add my email address to their email distribution list. I understand that NAAAP will not sell or distribute this information to third parties without my consent.				
Signature of applicant:			Date:	

NAAAP OFFICE USE ONLY				
Payment Type <i>(enter check # if applicable)</i>	Amount Paid	Received By	Date Received	Deposit Date
	\$			

Please give this form to **Mimi Syharat-Long**, Director of Membership, or mail this to the following address:
 NAAAP Connecticut, P.O. Box 271032, West Hartford, CT 06127