



CAPA MEMBERSHIP APPLICATION FORM - Organizational Membership -

CAPA unites Asian Pacific Americans and the community at large through culture, education, and community service.

Date: _____

Name of the Organization: _____

Website: _____

Non-profit:

Annual Membership \$50

Lifetime Membership \$100

For-profit:

Annual Membership \$100

Lifetime Membership \$500

Nature of Business: _____

List 3 Services Your Organization Offers:

1. _____
2. _____
3. _____

President: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Contact Person: _____

Contact Person's Position: _____

Contact Person's Telephone and E-mail: _____

Please tell us about your organization and why your group is interested in joining CAPA:

Please mail this form along with your check payable to CAPA
P.O. Box 407, Northville, MI 48167