



Chinese American Construction Professionals

5924 Temple City Blvd, Temple City CA 91780
Telephone: 626.309.9333 / Facsimile: 626.309.9930

E-mail: cacpcap@yahoo.com / Web site: www.cacpla.org

MEMBERSHIP APPLICATION

NAME

Last _____ First _____

COMPANY

Name _____ Title _____

ADDRESS

Number/Street _____ Suite/Unit _____

City _____ State _____ Zip _____

CONTACT PERSON

Work Phone (or Home) _____ Phone (Cell) _____ Fax _____

E-mail _____ Website _____

MEMBERSHIP

- Individual Membership (\$75.00 / Year) *Membership classification to be determined by CACP
- Corporate Membership (\$500.00 / Year, includes one primary representative & two alternates)

Names of Corporate Representatives

1. _____ 2. _____ 3. _____

PROFESSION

- Architecture Type _____ Lic. No. (if applicable) _____
- Contracting Type _____ Lic. No. (if applicable) _____
- Engineering Type _____ Lic. No. (if applicable) _____
- Subcontracting Type _____ Lic. No. (if applicable) _____
- Material Supply Type _____ Lic. No. (if applicable) _____
- Finance Type _____ Lic. No. (if applicable) _____
- Real Estate Type _____ Lic. No. (if applicable) _____
- Other Type _____ Lic. No. (if applicable) _____

CACP PARTICIPATION (OPTIONAL) Please check one or more activities below that you would like to be involved with

- | | | | |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Monthly Mixers/Field Trips | <input type="checkbox"/> Workshops | <input type="checkbox"/> Banquets | <input type="checkbox"/> Community Service Events |
| <input type="checkbox"/> Retreat Support | <input type="checkbox"/> Golf Tournament | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Media Contact | <input type="checkbox"/> Membership Drive | <input type="checkbox"/> Scholarship | |

APPLICANT SIGNATURE _____ **DATE** _____

Please send this application and check to:

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Revised 9/20/2011	application recommended by (for office use only)	application approved by (for office use only)
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