

# 沙加緬度中華文化基金會

## SCCF Membership Application/Renewal

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Name in Chinese characters (if available) \_\_\_\_\_

Mailing address \_\_\_\_\_

Email address \_\_\_\_\_

Tel ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

I would like to volunteer for following activities:

Event planning \_\_\_\_\_ Publicity \_\_\_\_\_ Membership recruitment \_\_\_\_\_

Event logistics \_\_\_\_\_

Special interests in Chinese history and culture:

SCCF Membership Dues
Individual - \$25/year      Family - \$45/year      Lifetime - \$150/\$200

Please return this form to:

SCCF, P. O. Box 160841, Sacramento, CA 95816 or any SCCF board member.

Office use only:
Date application received _____ Membership Year _____