

KCCA Membership Registration Form

Please fill out the membership form below. **Fields marked with * are required fields.**

- *First Name: _____
- *Last Name: _____
- 中文姓名: _____
- Other Names: _____
Please fill out all names that you would like to include in the directory
- Occupation: _____
- Company: _____
- * Home Address: _____
- * Home Phone: _____
- Work Phone: _____
- Mobile Phone: _____
- Other Phones: _____
- * Email Address: _____
- Other Email Addresses: _____
- *I would like to be included on KCCA Mailing List for member ads, future event announcement, etc.: Yes No (Default YES if no selection)
- Website: _____
- *Membership Type: Family Membership at \$15.00/family
 Student Membership at \$10.00/family
- *Volunteer Preference: Yes, I would like to volunteer help on KCCA event
 Maybe later
 No, thanks
KCCA need your help in our events! (Default YES if no selection)
- Today's Date: _____