



## HONG KONG ASSOCIATION OF WASHINGTON MEMBERSHIP APPLICATION FORM

www.hkaw.org  
Est. 1994

We welcome you to join us as a member of the Hong Kong Association of Washington (HKAW)!

Member contact Information - <i>please print</i> (information will appear as listed in Membership Directory)					
Last Name:		First Name:			
Organization:		Title:			
Mailing Address:					
City:		State:		Country:	
Work Contact #:	- - - - - ext.	Personal Contact #:	- - - - -		
E-mail:					
<input type="checkbox"/>	check here if you <b>do not wish to be listed</b> in Membership Directory				

Please indicate whether if you would like to <b>enroll</b> or <b>renew</b> your membership with HKAW	
<input type="checkbox"/>	Enroll
<input type="checkbox"/>	Renewal
Referral by:	(if any)

I am interested to join the HKAW as a member of the <b>below checked category</b>	
<input type="checkbox"/>	Corporate Sponsorship ( <i>by invitation only</i> )
<input type="checkbox"/>	Business Membership
<input type="checkbox"/>	Professional Membership
<input type="checkbox"/>	Student Membership

Pay by:			
<input type="checkbox"/>	Cash		
<input type="checkbox"/>	Check (Please make payable to Hong Kong Association of Washington) <b>see below note</b>		
<input type="checkbox"/>	Credit Card (AmEx, Visa, Mastercard only)		
Credit Card #:	- - - - -	Exp. Date:	/
CVV#:	(3 for Visa, MC; 4 for AE)		
Billing Address:			
<input type="checkbox"/>	check here if same as above mailing address		
City:		State:	
Country:			
Signature:			Date: / /

When pay by check, please send check and completed form to:

**Hong Kong Association of Washington**  
**PO Box 3422**  
**Seattle, WA 98114**



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### Corporate Sponsorship/Business Membership Application

Organization:		Industry:	
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Please list the information of the additional designated representatives below			
#1 Last Name:		First Name:	
Title:		E-mail:	
<input type="checkbox"/>	check here if mailing address is same as principle <b>Corporate/Business</b> member		
Mailing Address:			
City:		State:	Country:
Work Contact #:	- - - - - ext.	Personal Contact #:	- - - - -
<input type="checkbox"/>	check here if you <b>do not wish to be listed</b> in Membership Directory		

#2 Last Name:		First Name:	
Title:		E-mail:	
<input type="checkbox"/>	check here if mailing address is same as principle <b>Corporate/Business</b> member		
Mailing Address:			
City:		State:	Country:
Work Contact #:	- - - - - ext.	Personal Contact #:	- - - - -
<input type="checkbox"/>	check here if you <b>do not wish to be listed</b> in Membership Directory		

#3 Last Name:		First Name:	
Title:		E-mail:	
<input type="checkbox"/>	check here if mailing address is same as principle <b>Corporate/Business</b> member		
Mailing Address:			
City:		State:	Country:
Work Contact #:	- - - - - ext.	Personal Contact #:	- - - - -
<input type="checkbox"/>	check here if you <b>do not wish to be listed</b> in Membership Directory		

**Thank you for joining HKAW!**

#### Official Processing Use Only - Please do not write below

Processed by:		Date:	_ / _ / _
Paid:	<input type="checkbox"/>	Member until:	_ / _ / _