



# 中国旅美专家协会

Chinese Association of Professionals in Science and Technology

## CAPST Membership Application/Renewal Form

Member NO. (To be filled by CAPST officers if new applicant) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (English) \_\_\_\_\_

(Chinese) \_\_\_\_\_

Gender (Circle one) Male Female

Title \_\_\_\_\_

Company/Institution \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

Phone (home) \_\_\_\_\_

(office) \_\_\_\_\_

Fax (home) \_\_\_\_\_

(office) \_\_\_\_\_

E-mail \_\_\_\_\_

URL http:// \_\_\_\_\_

The following is filled by family membership only

Name (English) \_\_\_\_\_

(Chinese) \_\_\_\_\_

Relation (Circle one) spouse son daughter

Title \_\_\_\_\_

Company/Institution \_\_\_\_\_

E-mail \_\_\_\_\_

URL http:// \_\_\_\_\_

Name (English) \_\_\_\_\_

(Chinese) \_\_\_\_\_

Relation (Circle one) spouse son daughter

Title \_\_\_\_\_

Company/Institution \_\_\_\_\_

E-mail \_\_\_\_\_

URL http:// \_\_\_\_\_

Membership (Check one)

\_\_\_\_ Lifetime individual \*\*(\$150)

\_\_\_\_ Lifetime family\*\* (\$200)

\_\_\_\_ Full membership (\$15/year)

\_\_\_\_ Family membership (\$20/year)

\_\_\_\_ Corporation\* (\$300/year)

\_\_\_\_ Student (\$5/year)

\* Please submit your business card if you would like the card information be printed on CAPST member directory.

\*\* Prerequisite: Full membership or family membership for two consecutive years.

A. Education	Degree	Institution	Date	Field
	Bachelor	_____	_____	_____
	Master	_____	_____	_____
	Ph.D	_____	_____	_____

B. Primary responsibilities of current employment (no more than two)

\_\_\_\_ Administration/management

\_\_\_\_ Manufacturing/engineering design

\_\_\_\_ Basic/applied research

\_\_\_\_ Sales/marketing

\_\_\_\_ Consulting

\_\_\_\_ Teaching

\_\_\_\_ Others (specify) \_\_\_\_\_

C. Expertise in specific topical issue(s) \_\_\_\_\_

D. Type(s) of CAPST activities in which you would like to participate (no more than three)

\_\_\_\_ Science/Technology program (Field \_\_\_\_\_)

\_\_\_\_ CAPST publications

\_\_\_\_ Task force of special events

\_\_\_\_ Other (specify) \_\_\_\_\_

E. Would you like to publicise your name in the Member Directory (Circle one) Yes No

F. Reference(s) (New member only) \_\_\_\_\_

Please complete and return this form with your membership fee to (make check payable to CAPST)

**CAPST, 5925 Sovereign Dr., Suite 5, Houston, Texas 77036, USA. Tel.: (281) 300-8142.**

Comments and suggestions \_\_\_\_\_