



# 2010-2011 Membership Form

Name:

Campus:

Department:

District Mail Box:

E-Mail:

Position: Administrator \_\_\_ Classified \_\_\_ Faculty \_\_\_ Student \_\_\_ Other (i.e. Community) \_\_\_

Home Address:

City, Zip:

Phone (home):

(work):

Please indicate your interests and elaborate:

Cultural Activities:

District Matters:

Political Issues:

Professional Workshops:

Other:

How would you like to be involved with AC?

\_\_\_ Scholarship Committee

\_\_\_ Annual Dinner Committee

\_\_\_ Raffle Committee

\_\_\_ "Reception" for Students

\_\_\_ Organize or host a social

\_\_\_ AC Officer/Executive Board

\_\_\_ Other (please describe):

Please make checks payable to **ASIAN COALITION**: \$5/student, \$20/individual per academic year. Send to: Joanne Huang, Downtown Campus, [jhuang@ccsf.edu](mailto:jhuang@ccsf.edu)