



Chinese American Citizens Alliance

Membership Application

(One Applicant per form)

First Name: _____ Mid. Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Mobile Phone Number: _____

E-Mail Address: _____ Preferred Method of Contact: E-Mail SMS Phone

Applicant age is 18 or older? Yes No U.S. Citizenship? Yes No *(U.S. Citizenship required for Regular Membership)*

I declare the above information to be true and correct.

Applicant Signature: _____ Date Signed: _____

Check if above represents an electronic signature

Please mail completed application and check to: C.A.C.A. Boston
21 Edinboro Street
Boston, MA 02111

Comments: _____