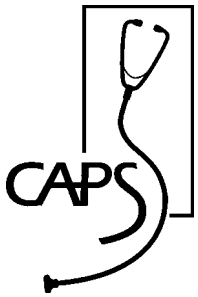

Membership Application Form
Chinese American Physicians' Society

P.O. Box 3287, San Leandro, CA 94578

Name: _____

Office Address: _____

_____

Telephone: _____Fax: _____

Email address: _____

Degree/Year: _____

Specialty: _____

Professional School: _____

Graduate Training: _____

_____

Spouse: _____

Sponsor or Reference: _____

Membership categories:

Active physicians	$50.00 per year
Associate or Retired:	$35.00
Contribution to scholarship fund	$_____
General Contribution	$_____

Please make checks payable to CAPS and mail to:
Lawrence Ng, M.D., Executive Director-CAPS, P.O. Box 3287, San Leandro, CA 94578