

ACPSS MEMBERSHIP FORM

Name (English): _____ (Chinese): _____ Sex: Male Female

Title or Position: _____

Affiliated Institution: _____

Mailing Address: _____

Office Phone: _____ Home phone (optional): _____

Fax: _____ Email: _____

Field or Major: _____ Highest Degree: _____

Institution Awarding Highest Degree: _____ Year of Degree Awarded: _____

Institutional Affiliation in China (if applicable): _____

Mailing Address: _____

Application Status: New Renew

Membership Fee:

One year/\$50 Two years/\$80 Three years /\$100 Five years/\$150 Lifetime/\$300

Make your check payable to **ACPSS**

Total Enclosed \$ _____ Check # _____

Please return this membership form with your check to:

Dr. Yunqiu Zhang, ACPSS Treasurer

210 Heritage Creek Way

Greensboro, NC 27405

Email: yzhang@ncat.edu