

MEMBERSHIP APPLICATION



**Chinese Center on Long Island, Inc.
2017 - 2018**

Name _____
(Last) (First)

Spouse's Name _____
(Last) (First)

Address _____
(Street)

(City) (State) (Zip Code)

Home Tel () _____ Work () _____ Cell () _____

Email Address _____

EMAIL IS OUR PREFERRED WAY TO CONTACT OUR MEMBERS. WE DO NOT SHARE THIS LIST WITH ANYONE.

*** Please check whether you would like to receive monthly newsletter via US Postal Service or Email ***

US Postal Svc

 Email

Membership Fee Individual _____ Family _____

Send Check to: Chinese Center on Long Island, Inc.
c/o Betty Leong
395 Hempstead Turnpike
West Hempstead, NY 11552