



**Asian American Insurance and Financial Professional Association
A Non-Profit Organization**

18631 E. Gale Ave. City of Industry, CA 91748
<http://www.aaifpa.org> e-mail: aaifpa@gmail.com

Membership Application / Renewal Form

(Please submit payment to AAIFPA, and send to address above. Please print or write legibly.)

Type of Membership (select one): _____ Effective Date: _____
 General Member, Insurance License #: _____
 Associate Member
 Transfer from _____ Chapter

Name: _____ Asian Name (In Chinese, Japanese, ect.): _____

Company Name: _____

Business Address: _____

Mailing Address: _____

Phone#: _____ Fax #: _____ E-Mail: _____

Total Membership Dues with this form \$ _____ for (please check one):

- Life Membership Dues [\$300.00 Enclosed]
- Annual/Renewal Membership Dues: (January 1st to December 31st) [\$50.00 Enclosed]

For New Members Only, who join:

- between Jan. 1 – June 30: \$50.00
- between Jul. 1 – Dec. 31: \$25.00

I have received a copy of AAIFPA Code of Ethics, Membership Information, read and agree to abide by it.

I will join the _____ Chapter.

Member's Signature: _____ Date: _____

Would you be willing to do volunteer work for AAIFPA? _____ YES _____ NO
 If yes, how much time can you contribute each month? _____

What are your expectations from AAIFPA?

Please mail this form together with your payment to the address above OR delivery to any of our directors.
 Please pick up your Membership Card when you attend the next AAIFPA function.

Receipt

To be completed by AAIFPA's Treasurer Office Only

Member's Name: _____ Amount Received: _____ () Check () Cash
 Received By: _____ Date: _____