



**Council of Asian Pacific Islanders Together for
Advocacy & Leadership**

P. O. Box 22991, Sacramento, CA 95822 Tel 916-392-6471 Fax 916-392-1642

MEMBERSHIP APPLICATION/RENEWAL FOR YEAR 20_____

CAPITAL MISSION: CAPITAL's mission is the civic awareness and empowerment of its member organizations and of Sacramento's Asian and Pacific Islander Americans

Type of Application (Check Appropriate Categories): [] Renewal [] New
(Check One) [] Voting Member [] Affiliate (Non-Voting) [] Friends of CAPITAL, Donation: \$ _____
Voting Member Dues (check One) [] \$100 [] over \$100, please state amount \$ _____

PLEASE PRINT OR TYPE

Name of Organization

Mailing Address of Organization [] check here if you wish to have address unlisted

City State Zip Telephone Fax E-mail

Contact Person Title Phone E-mail Date Term Expires

Second Contact Person Title Phone E-mail Date Term Expires

TYPE OF ETHNIC GROUP SERVED OR SERVICE: _____

YOUR ORGANIZATION'S MISSION: _____

We have read and understand the Mission Statement of the Council of Asian Pacific Islanders Together for Advocacy and Leadership. We agree to support and participate in this community unity effort to act as a forum for Asian Pacific Islanders.

We understand that we are entitled to receive all mailings and have one voting member from our organization at all CAPITAL meetings.

Signature

Today's Date

Please Attach a Copy of Your Organization's Bylaws for New Member

Make Check Payable to: **CAPITAL**

Please send your renewal/new application and Check to:

CAPITAL Membership Committee

P. O. Box 22991

Sacramento, CA 95822

For Official Use Only

Check # _____

Date Received _____

Membership Updated _____