



# 世界華人工商婦女企管協會南加州分會

Global Federation of Chinese Business Women Southern California Chapter

www.gfcbwscc.org

f GFCBW-SCC(世華南加州)

gfcbwscc@gmail.com

## Membership Application Form

Membership No: \_\_\_\_\_

☐ New ☐ Renewal Staring year: \_\_\_\_\_

Apply Date: \_\_\_\_\_

Member Information		
Ms. / Mrs. / Dr. (circle one) First Name: _____		Last Name: _____
Chinese Name: _____		Referred By: 1 _____
Home Address: _____		2 _____
Home Phone: (____) _____	Cell Phone: _____	
Email Address: _____		
* Two referral has to be made from at least one current director or supervisor.		
Business Information		
Company Name: _____		
Type of Business/Organization: _____		
Title: _____		
Address: _____		
Work Phone: (____) _____	Website Address: _____	
Primary service(s) you provide to your company (job description): _____		
Experience		
Please list all boards, committees, and volunteer commitments that you are involved in (including business, civic, community, political, professional, recreational, religious, social... etc.).		
Organization Name	Role/Title	Date of Services
Your Interests (Hobbies):		Skills:
* Have you ever join any other GFCBW chapter before? ____ (Yes/No) . If Yes, please list the name of Chapter and year: ____		
Checking "Yes" here, you authorize GFCBWSCC publish your information without further notice.		
<input type="checkbox"/> Yes <input type="checkbox"/> No If you choose 'Yes', please check the boxes below as your preferences.		
<input type="checkbox"/> Name <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email Address <input type="checkbox"/> Type/nature of your business		

Membership: ☐ Lifetime \$500 ☐ Annual ( ☐ New \$150 ☐ Renew \$100 ) ☐ Corporate \$1,000(Annual) ☐ Honoary (no Charge)

**\* Membership is not transferable & membership fee is non-refundable**

Uniform: ☐ \$125.00: Size: ☐ M ☐ L ☐ XL ☐ XXL T-shirt: ☐ \$15.00

Check payable to the order of: **GFCBWSCC** | 608 E. Valley Blvd #D81 | San Gabriel CA 91776

Payable Amount: \_\_\_\_\_

☐ Check: # \_\_\_\_\_

☐ Credit Card: # \_\_\_\_\_

EXP: \_\_\_\_\_

CVV: \_\_\_\_\_

**\*If no payment is attached, once application is approved, an online payment invoice will be sent via email.**

Form emailable to: membership.gfcbwscc@gmail.com

**\*\*Per GFCBWSCC bylaws current regulations.** Fee listed as Y2023; Fee schedule may change without notice.

\*\*\*By signing herein, you attest that all information provided here is true and correct to the best of your knowledge and that you have acknowledged and agreed to the terms and conditions on this application.

SIGN: X \_\_\_\_\_

**\*\*"GFCBWSCC"** reserve the right to revoke any membership due to misconduct based on bylaws regulations and approved from Board of directors.

**For office use only:**

☐ Board Approved

Approved Date \_\_\_\_\_

☐ Board Not Approved

