

CSA MEMBERSHIP APPLICATION

Please check: New Or Renewal

Type of membership: (Please check): Regular (\$25); Lifetime (\$200); Associate (\$10)

1. Name (English): _____

2. Chinese Name: _____

3. Affiliation and Title (University/organization):

4. Academic qualification, including year of your degrees awarded and name of universities:

Year of Ph.D., or equivalent earned: _____

5. Office Address: _____

6. Email: _____ Website: _____

7. Phone: _____ Fax: _____

8. Home Address (optional) : _____

City and Zip: _____

9. Past Employment (optional): Year: _____ Job Title: _____

Institution: _____ Address: _____

10. I am interested to get involved in: (Please check as many as apply)

- | | |
|----------------------------------------|--------------------------------------------------|
| - Annual assembly and spring gathering | - Social gatherings, open house |
| - Forums, symposium, seminars | - China delegation (conference, lectures, visit) |
| - Publications | - Webmaster |
| - Social science committee | - Science & Engineering committee |
| - Outreach activities | - Fundraising |

Please fill out the membership application form above and mail it with check to:

Dr. Ren Sun, CSA Treasurer

Department of Molecular and Medical Pharmacology

David Geffen School of Medicine at UCLA

Mail box 951735, CHS 23-120, Los Angeles, CA 90095-1735