



世界華人工商婦女企管協會 Global Federation of Chinese Business Women

大洛杉磯分會 Greater Los Angeles Chapter

10 w. Baystate St. #6154, Alhambra, CA 91802

Membership Application

☐New ☐Renewal ☐Life Member www.gfcbw-GLA.com GFCBW.GLA@gmail.com Today's Date: _____

Member Information

Ms/Mrs/Dr. First Name: _____ Last Name: _____ Date of Birth: Month ___ Date ___

Chinese Name: _____ Referred By*: 1.) _____ 2.) _____

Cell Phone :() _____ Home Phone: () _____ Education: ___ AA/Bachelor ___ Master

Email Address: _____ City of Residence: _____

* Must be referred by two members including at least one board member and one regular member; Must participate in at least two functions of gfcbw-GLA including attending one regular event/program as well as attending one board meeting.

Business Information

Company Name: _____ Year in Business: _____

Business Type: ☐S Corp ☐C Corp ☐Sole Proprietor ☐Other(description): _____

Business Nature: ☐Wholesale ☐Retail ☐Mfg ☐Service ☐Other: _____

Title: _____ Business Description: _____

Bus. Industry: _____ Business Address: _____

Work Phone:() _____ Fax _____ Website Address: _____

Volunteer Experience

Please list boards, committees, and volunteer commitments that you are involved in (including business, community, political, civic, professional, religious etc.).

Organization Name	Role/Title	Year of Services

Volunteer work - Which committee/areas would you like to serve or to be of interest to you:

☐Membership ☐Events ☐PR/Media ☐Business Sponsorship ☐Business Policy ☐Newsletter/Photo/Editing ☐Website

Special Skills/Expertise: _____

A GFCBW-GLA business/membership Directory with your name, company name, company address, business industry, email, business/cell phone numbers will be published and only go to our members, may we include you? ☐ Yes ☐ No

Membership: ☐ Corporate- \$1,000 ☐ Life- \$600 (One-time payment for a life time membership) ☐ Annual New- \$120 (could be prorated) ☐ Annual Renewal \$120 (Renewal is done in January of each year)

Uniform: \$ 15 (Subject to change); Size: ☐M ☐L ☐XL

Check Payable to: GFCBW-GLA

Or using Zelle account by entering gfcbw.gla@gmail.com

Payment Amount: _____ ☐ Check #: _____ ☐Cash ☐Zelle ☐Other

Please mail the completed form and check to: GFCBW-GLA

10 w. Baystate St. #6154, Alhambra, CA 91802

Or e-mail the completed form to: GFCBW.GLA@gmail.com if paid thru Zelle

For office use only:

☐ Board Approved

☐ Board Not Approved

Membership # _____

Date of Approved _____