



## MEMBERSHIP FORM

Yes, I would like to become a member of ACESF.

Attached is my membership dues of \$25.00.

In addition to my membership dues, I would like to donate \$ \_\_\_\_\_

I am not able to join at this time, but would like to donate \$ \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please circle one that applies to you    Parent    Teacher    Student    Others

How did you hear about ACE? : \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please mail this form and membership dues to:

Advocates for Chinese Education  
2555 16th Avenue  
San Francisco, CA 94116