



# AAPI EQUITY ALLIANCE

## Membership Form

**Membership Type:**  API Organization Member  Associate Organization Member  Individual Supporter  Student/Senior Citizen

**Contact Person:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_  
Prefix:  Ms.  Mr.  Dr.  Other \_\_\_\_\_

**Organization Full Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Org Abbreviation:** \_\_\_\_\_

**Member Listing\*:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Dues:**

- Student/Senior Citizen  \$25
- Individual Supporter  \$50
- Associate Organization  \$125

**Annual Operating Budget**  
(For statistical purposes only):

- API Organizations\*\*
- \$100,000 or less  \$75
  - \$100,001 to \$250,000  \$200
  - \$250,001 to \$500,000  \$400
  - \$500,001 to \$1,000,000  \$750
  - \$1,000,001 to \$1,500,000  \$1,250
  - \$1,500,001 to \$2,000,000  \$1,500
  - \$2,000,001 to \$3,000,000  \$2,500
  - \$3,000,001 to \$4,000,000  \$3,000
  - \$4,000,001 to \$5,000,000  \$4,000
  - \$5,000,001 and up.  \$4,500

**Number of Staff:** \_\_\_\_\_

FOR OFFICE USE ONLY	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check
Check Number:	
Check Date:	
Amount Paid:	
Fiscal year:	
Date Entered:	

\*Organization's listing format (e.g. Organization Full Name: "Asian Pacific Islander Alliance"; Member Listing: "API Alliance").  
\*\*Based on organization's annual audited statement of operation revenues or expenses, whichever is less.