

**CSUSB Asian Faculty, Staff, and Student Association (AFSSA)
Membership Application/Renewal Form**

*Please **type** and **print out** the form.*

Last Name: First Name: Male Female

Mailing Address

E-mail (Print legibly)

Affiliation (Department / Division / Company)

Title / Position Phone Number

Faculty Staff Student Other If other,

Please make your check payable to **AFSSA** and send it to:

Professor Min-Lin Lo, AFSSA Treasurer
Department of Mathematics (JB-370)
5500 University Parkway, San Bernardino, CA 92407
Office Phone: 909-537-5371 E-mail: Min-Lin Lo <mlo@csusb.edu>

Membership Type: Faculty/Staff/General (\$20/yr) Student (\$5/yr)

Paid by: Cash Check Check Number:

Membership \$ + Donation \$ = Total \$

Note: any donation of more than \$50 will be recognized in the AFSSA scholarship banquet brochure.

Received by Date:

Signature of Treasurer: _____ Date:

Member Receipt

for Asian Faculty, Staff, and Student Association (AFSSA) membership dues and donation

Date:

Name:

Amount:

_____ DOLLARS

Cash Check Check Number:

Signature of Treasurer: _____

Thank you for joining and supporting AFSSA!