



Asian Alliance for Health (AAFH) MEMBERSHIP APPLICATION

● Contact Information:

Contact Person(s) and Title(s)

Agency (or organization of affiliation, if Individual)

Mailing Address

City	State	Zip Code
Telephone	Fax	
E-mail Address	Website Address	

● Membership Category:

AAFH MEMBERSHIP CATEGORIES: _____ (Please select one)

Individual

Open to all individuals, aged 18 and above, who engaged in and or passionate about serving the needs of the Asian Community, particularly in areas related to culturally appropriate materials, educational programs and services. Members can be individuals residing within and outside the United States. Membership is nontransferable.

Organizational

Organizations or agencies which are interested in serving the needs of the Asian Community, particularly in areas related to culturally appropriate materials, educational programs and services. Membership is nontransferable.

Students

Open to all students who are currently enrolled in 6 units or more of coursework with an academic institution. Membership is nontransferable. Student applicants must submit a copy of their student ID and class schedule along with application form.

Please send your completed form to **info@AsiansforHealth.org**

Please note: AAFH reserves the right to refuse membership to any applicant for any reason.