



Chinese Association for Science and Technology in Pennsylvania CAST-PA Organization

Membership Application Form

First Name: _____ **Last Name:** _____

Cell Phone: _____ **Email:** _____

Home Address (the address your membership card to be mailed to):

Membership Type (select one):

Lifetime Membership \$200 **Family Membership (2 Cards) \$25/Year**

Single Membership \$20/Year **Single Membership \$35/2Year**

(Provide two names for 'Family Membership' in order to receive two member cards)

Payment Option1:

1. Make the check payable to **CAST-PA**
2. Mail the check and the application form to:

Qingqing Fu
10290 Twin Hill Rd.
Wexford PA 15090

Payment Option2:

1. Email the application form to: castpa.org@gmail.com
2. Scan the QR code on the right and pay



Thank you for your interest in CAST-PA. If previously joined any of the chapters of CAST-USA and would like to join us, please mail in your valid membership card with them in order to receive a credit in the form of an extended expiration date on your new card.