



# ASIAN AMERICAN NETWORK AGAINST ABUSE OF HUMAN RIGHTS

## Membership Form

First Name:		Phone 1:	
Last Name:		Phone 2:	
Address 1:		Email:	
Address 2:		Fax:	
City/State/Zip:		Profession:	
Country:		Country of Origin:	

**Please indicate your interest by selecting one or all options (check by putting an X on the box on left.)**

<input type="checkbox"/>	Meeting in your area
<input type="checkbox"/>	Liaison with congressional representative in your area
<input type="checkbox"/>	Fund Raising for ANAA

I agree with and will abide by the vision and mission statements of ANAA and its by-laws.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### NOTES

Current annual membership fee: Regular **\$30.00** Full time students **\$10.00**

Please make check Payable to **ANAA** and mail it along with completed Membership Form to  
**ANAA: P.O. Box 4324 Kingman, AZ 86402**