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| --- | --- | --- |
| Last Name: | First Name: | Chinese Name: |
| WeChat ID: |
| Fellowship Program: | Year of Graduation: |
| Residency Program: | Year of Graduation: |
| Working Company Name: |
| Working Company Address: |
| License # (for physicians in practice): |
| Mailing Address: |
| Phone: |
| Fax: |
| E-mail: |

1. Please complete the form and send to the CAAP board committee at: CAAP0531@gmail.com
2. You will expect to receive a copy of CAAP Bylaws by email or WeChat per your preference.
3. Please see the instructions for annual membership dues.
4. CAAP communicates with members through WeChat (CAAP).
5. Please contact us if you have any questions via WeChat.

CAAP Member Fee

1. Annual due for membership is $50 and for lifetime membership is $300.
2. Annual due for Associate membership is $25 and for lifetime membership is $150.
3. Annual dues for Associate membership for fellows and residents in training are free of charge.

Application for associate membership shall be open to all Chinese American allergy or non-allergy professionals who conduct allergy and immunology research in the United States that supports the purpose statement in Article II, Section 2 (bylaws).

Application for associate membership shall be open to all Chinese American fellowship trainees and medical residents who have interest in allergy and clinical immunology that supports the purpose statement in Article II, Section 2 (bylaws).

Please make checks payable to CAAP and mail to the address below. If you need a receipt please kindly indicate here: □ Yes or □ No

Dr. Gang Cheng (Treasurer)

Sutter Gould Medical Foundation

600 Coffee Rd.

Modesto, CA 95355

**Executive Board of CAAP**

**Huamin Li, MD, PhD, President of CAAP**

**Shanze Wang, MD, PhD, Vice-President of CAAP**

**Gang Cheng, MD, PhD, Treasurer of CAAP**

**Jin P. Guo, MD, PhD, Secretary of CAAP**

**Li Zuo, MD, Group Leader of WeChat Group**