



Gay Asian Pacific Support Network
 PO Box 691093
 West Hollywood, CA 90069
 (213) 368-6488 • info@gapsn.org • www.gapsn.org

Membership Application

Name: _____ Birthday Month/Day _____

Address: _____

City/State/Zip: _____

Email: _____ Home Phone: _____

Mobile: _____ *Ethnic Group: _____

*Ethnic Group: Cambodian • Chinese • Filipino • Hmong • Indonesian • Japanese • Korean • Laotian • Malaysian • Multi-ethnic (specify) • Pacific Islander (specify) • Singaporean • Thai • Vietnamese • Other (specify)

Photos are sometimes taken at GAPSN events. Can we publish your photo on the GAPSN website? Yes No

Can we publish your name on our website? Last name First name No

Check areas you would like to help with:

- Fundraising Potluck Socials Membership Special Events
- Outreach Website Newsletter Party Planning
- Public Relations Other _____

Membership Category:

- General \$25: Gay, Bisexual, and questioning API Men
- Student \$15: Same as above. School name: _____
- STAR \$50+: Special Thanks & Recognition
- Super STAR \$100+: Super Special Thanks & Recognition
- Supporter: \$25 All Other

I certify that I am age 18 or over and will honor the bylaws of GAPSN.

Signature _____ Date _____

Please pay with cash or check payable to GAPSN. Please send application form and payment to:
GAPSN, PO Box 461104, Los Angeles, CA 90046

Or even better, pay using Paypal to: paypal@gapsn.org

All information will be kept confidential. Discretion is used at all times. As a member, your name will be added to the GAPSN Evite list to receive information about GAPSN events. THANK YOU!!!

For GAPSN Use Only:
 Date received _____ ~ Check # _____ ~ Cash Amount \$ _____ Rec. By _____
 Date of Deposit _____ By _____ Special Notes _____
 _____ Membership Start _____ End _____
 Membership No. _____ e-group _____ Membership List _____ Other _____

Updated August 17, 2010 by Ericson Herbas