



한미 여성 회 총연합회  
Korean-American Women's Associations of USA

MEMBERSHIP APPLICATION (회원 가입서)

Your Organization (단체)

Organization Name (단체 이름) : \_\_\_\_\_

Korean Name (한글 단체 이름) : \_\_\_\_\_

Founded (창립 연월) : Month \_\_\_\_\_ Year \_\_\_\_\_

No. of Members (회원 수) : \_\_\_\_\_

Website : \_\_\_\_\_

Your Primary Contact Information (연락처)

Primary Contact Name (이름) : \_\_\_\_\_

Korean Name (한글 이름) : \_\_\_\_\_

Title (직책) : \_\_\_\_\_

Address (주소) : \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (전화번호) : Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address : \_\_\_\_\_

- *For additional details, send e-mail to [president@kawausa.org](mailto:president@kawausa.org)*
- **Membership Fee (연회비): \$250.00/yr (Pay to the order of: **KAWAUSA**)**
- **Donation (기부금):**

Send application form and check to:

**KAWAUSA**  
**10970 Rice Field Place**  
**Fairfax Station, VA 22039**

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
(Primary Contact)