



**THE NATIONAL INSTITUTES OF HEALTH
ASIAN AND PACIFIC ISLANDER AMERICAN ORGANIZATION (APAO)**

Application for APAO Membership

Name _____

IC and Address _____

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E-mail address _____

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Type of Membership: Regular Associate (non-NIH)

Complete this form and mail to APAO, c/o Aaron Bell – Treasurer, NIH/NCI

9000 Rockville Pike, Bldg.10 – Rm.12N210, MD 20892-2510, MSC 1904

Phone: 301-451-7898, Fax: 301-496-9962; with a \$10.00 check payable to the APAO

Any questions about the membership, please e-mail Aaron Bell: bella@mail.nih.gov

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APAO Signature _____ Date _____

Membership is not valid unless this application is signed by an authorized APAO member and current dues are paid.