

# KACC Membership Application



▶ Name: \_\_\_\_\_  
Last First Middle Name

↳ Check One:  Miss  Ms.  Mrs.  Mr.  Dr.

▶ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

▶ Mailing Address: \_\_\_\_\_  
Street Apt. No.  
\_\_\_\_\_  
City State Zip Code

Home Tel: (\_\_\_\_\_) \_\_\_\_\_ Work Tel: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ Other Tel: (\_\_\_\_\_) \_\_\_\_\_

↳ Preferred Contact Telephone No. – Check One:  Home  Work  Other

E-Mail: \_\_\_\_\_

▶ I consent to have the above information published in the KACC Membership Directory:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- (1)  **Membership Fee:** General Membership  \$50 (1 yr)
- Student (full-time)  \$25 (1 yr)

Please make your check payable to: "KACC-Chicago". Mail this form & your check to:  
KACC-Chicago / 5903 N. Campbell Avenue, Unit 2 / Chicago, IL 60659

As a KACC-Chicago Member, you are entitled to a **one free year subscription** of the  
**KoreAm Journal (www.koreamjournal.com)**. Are you interested?  Yes  No

- (2)  **KACC Virtual Community:** At this time, I do not wish to be a member, but I would like  
to be a part of the KACC Virtual Community (ie., stay informed via e-mail).

Questions or Comments: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Date Rec'd: \_\_\_\_\_ By: \_\_\_\_\_ Membership No. \_\_\_\_\_