CASA Chinese American Society Of Anesthesiology

# *Chinese American Society of Anesthesiology*
# (www.chineseasa.org)

## Membership Registration Form*

Name: (English)_____(Chinese)_____

Membership type
Active member (US only) _____
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Email address (required to receive CASA Bulletin): _____

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Hospital or University Affiliation _____

Title and position_____

Anesthesia Residency/Fellowship_____

_____

Medical School_____

CASA Member who recommend you _____

No Membership fee is required, but you are highly welcome to donate to CASA Foundation, Inc. to become a contributing or lifetime member. Your email address and other sensitive information will be kept confidential.

**Please complete the registration form and email to: chineseasa@gmail.com**

For donation: please mail the check to CASA Foundation, Inc.
40-34 78 Street, Elmhurst, NY 11373

Please make check payable to: CASA Foundation, Inc. and attach this form with your check.

*CASA Membership Form, updated in 10/2019