



United Hmong Vision, Inc.

P.O.Box 292103

Sacramento, CA 95829

Email: homphiaj2000@yahoo.com

Website: unitedhmongvision.org

Membership Application (Daim ntawv koom ua tswvcuab)

Account No.: _____ (Official use only)

Name: First: _____ Middle Int. ____ Last: ____ Sex: ____ Age: ____

Address: _____

Email: _____ Phone: _____

____ Donation amount: _____

____ Membership (\$50.00). Please make check payable to: United Hmong Vision, Inc. and forward this Membership Application along with the \$50.00 check to the above address.

____ your occupation: _____

Your education: ____ High School; ____ A.A/A.S; ____ B.A/B.S; ____ M.A/M.S; ____ Ph.D.;

____ others (pleasespecify): _____

Family size: _____; Language speak and write: _____

Other skills: _____

Community services: _____

Signature: _____; Date: _____

Witness: _____; Date: _____