

Name: Fill out form in English except Chinese name 英文名字		Chinese Name: 中文名字	中文名字	
Address: 地址		City/State/Zip: 城市/州/郵編		
Phone: 電話		Email: 或電子郵件:		
Identification Type: 身份證類別	<input type="checkbox"/> Driver License (駕駛執照)	<input type="checkbox"/> State ID (州身份證)	<input type="checkbox"/> Green card (綠卡)	
ID number – Last 4 digits 最後四位數字	1234	ID expiration date 有效期至	01/01/202x	
By signing below, I acknowledge that I am registering to become a member of CCBA				
Signature: 簽名		Date: 日期	CCBA reviewer verified	CCBA Director Initial
發郵件給 (Email to): Oregon.CCBA@gmail.com		郵寄至 (Mail to): CCBA Membership 315 NW Davis St Portland OR 97209		

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