

**Applicant Information**

**Full Name:** \_\_\_\_\_  
*Last First M.I.*

**Address (home or business):** \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email (personal or business)** \_\_\_\_\_

**Membership Information**

**Membership Type**

Individual  Organizational

**Membership Level**

Core Partner  Affiliate Partner

**If Individual, are you a:**

Community Member  Academic Researcher  Other

**If Organizational:**

Organization Name: \_\_\_\_\_

I have my organization's support to join ADAPT:  Yes

**Membership Expectations**

I will attend a majority of ADAPT monthly meetings:  Yes

I will participate in a workgroup/committee and other ADAPT activities and events:  Yes

**Background Information**

**Why would you like to join ADAPT?**

\_\_\_\_\_

**How have you worked to improve Asian health?**

\_\_\_\_\_

**How will you help**

\_\_\_\_\_

**ADAPT to achieve its mission?**

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**Describe your experience with academic-community partnerships or coalitions:**

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Please submit your completed application and your resume to Annie Chin-Louie, ADAPT Project Manager, at [ychinlouie@tuftsmedicalcenter.org](mailto:ychinlouie@tuftsmedicalcenter.org).