

CHINA SPECIALISTS ALLIANCE MEMBERSHIP APPLICATION		
APPLICANT INFORMATION (PLEASE PRINT)		
Company Name:		
Authorized Contact:	Title:	Phone:
Business Address:		
City:	State (Province):	ZIP Code:
Country:	Personal Email:	Skype ID:
COMPANY INFORMATION		
Number of Principals and/or Employees:		
Business Phone:	President/CEO:	
Business Website:	Fax:	
Business Blog:	Email:	
Geographical Market Coverage (Home Country):		
CHINA PRESENCE FACT		
China Representative:		
Address:	Phone:	
City:	Province:	Post Code:
Email:		
Geographical Market Coverage (China):		
Key Sectors with Guanxi:		
ANNUAL MEMBERSHIP OPTIONS		
Please indicate your annual membership choice:		
Affiliate (1-2 principals): US\$99	Partner (-10 employees): \$199	Sponsor (10+ employees): \$299
SCOPE OF BUSINESS SERVICES		
Please indicate six areas of specialty that your firm offers:		
CLIENT REFERENCES		
Name	Website Address	Phone or Email
PERSONAL NETOWRKing MEDIA		
Xing Profile:	Linkedin Profile:	
Twitter ID:	Other:	
AGREEMENT & SIGNATURE		
I authorize the verification of the information provided on this form and agree to adhere to the highest professional standards with quality services and impeccable ethics. The membership is to be renewed upon annual review. I have enclosed a check for application and membership.		
One-time Application Fee: US\$20	Annual Membership Due:	Total Enclosed: \$ _____
Signature of Applicant:		Date:
Membership Status: <i>(CSA Internal Use):</i>		Date: