



**Asian American Pacific Islander Desi Association (APIDA)
North Orange County Community College District**

MEMBERSHIP FORM

Purpose of APIDA

The Association shall:

- Foster fellowship and create a network among the Asian Pacific Islander Desi American (APIDA) employees of the North Orange County Community College District (NOCCD).
- Offer support and mentorship for the Asian Pacific Islander Desi American (APIDA) students of the NOCCCD.
- Provide opportunities for study, discussion, and action on important issues and challenges relating to Asian Pacific Islander Desi American (APIDA) students and employees of the NOCCCD.
- Create awareness of critical issues facing APIDA students and/or employees.

Membership

- APIDA is open to any NOCCCD faculty or staff member interested in furthering understanding of the Asian American and Pacific Islander Desi American cultures represented throughout the North Orange County Community College District.
- The membership fee is **\$100.00 annually** payable to *Fullerton College* for each academic year July-June. The membership fees fund the APIDA annual scholarships for students at Cypress College, Fullerton College and North Orange Continuing Education (NOCE). For adjunct and part-time, the membership fee is \$50 annually. We appreciate and value your support for student scholarships!
- **Checks -Venmo/Zelle:** Please contact Kevin Tran, APIDA Treasurer (Fullerton College, Counseling Department) by email (ktran1@fullcoll.edu) if you'd like to pay by Venmo or Zelle.
- Visit us at: <https://nocccd-apia.fullcoll.edu/>

LAST NAME: _____ **FIRST NAME:** _____ **MIDDLE INITIAL:** _____

CAMPUS: ANAHEIM CYPRESS FULLERTON NOCE **DEPARTMENT:** _____

ADMINISTRATOR/MANAGER CLASSIFIED STAFF FACULTY PROFESSIONAL EXPERT OR HOURLY

EMAIL: _____ **TELEPHONE #** _____

HOW DID YOU LEARN ABOUT APIDA? REFERRAL: _____ NOCCCD WEBSITE

I AM INTERESTED IN VOLUNTEERING FOR APIDA IN THE FOLLOWING AREAS: CULTURAL ACTIVITIES/EVENTS
 EDUCATIONAL ACTIVITIES/EVENTS EMPLOYEE ISSUES NETWORKING STUDENT SUPPORT

APIDA ANNUAL MEMBERSHIP FEE: FT-\$100.00 Part-Time-\$50.00

I WOULD LIKE TO PROVIDE AN ADDITIONAL DONATION TO APIDA: \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____