

Myanmar Student and Professional Network USA (MSPNUSA) – Membership Form

Contact Information	
First Name:	Last Name:
Phone:	
Email:	
Address:	
City:	Zip Code:
State:	Country:

Educational and Professional Background									
<p>Please select your ethnic group:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Chin</td> <td><input type="checkbox"/> Karen</td> <td><input type="checkbox"/> Karenni/Kayar</td> </tr> <tr> <td><input type="checkbox"/> Kachin</td> <td><input type="checkbox"/> Mon</td> <td><input type="checkbox"/> Bama/Burman</td> </tr> <tr> <td><input type="checkbox"/> Shan</td> <td><input type="checkbox"/> Arakan/Rakhaine</td> <td><input type="checkbox"/> Other (write below)</td> </tr> </table>	<input type="checkbox"/> Chin	<input type="checkbox"/> Karen	<input type="checkbox"/> Karenni/Kayar	<input type="checkbox"/> Kachin	<input type="checkbox"/> Mon	<input type="checkbox"/> Bama/Burman	<input type="checkbox"/> Shan	<input type="checkbox"/> Arakan/Rakhaine	<input type="checkbox"/> Other (write below)
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<p>Please select your education status:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Some High School</td> <td><input type="checkbox"/> Associate's Degree</td> </tr> <tr> <td><input type="checkbox"/> High School Diploma or Equivalent</td> <td><input type="checkbox"/> Master's Degree</td> </tr> <tr> <td><input type="checkbox"/> Some College (Did Not Graduate)</td> <td><input type="checkbox"/> Doctorate</td> </tr> <tr> <td><input type="checkbox"/> Bachelor's Degree</td> <td><input type="checkbox"/> Other (write below)</td> </tr> </table> <p>If your degree is still in progress, please indicate below when you are expected to graduate.</p>	<input type="checkbox"/> Some High School	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> High School Diploma or Equivalent	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Some College (Did Not Graduate)	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Other (write below)	
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MSPNUSA membership records and information are treated in a manner that will maintain strict confidentiality as per described in confidentiality agreement and computer and information security at the Burmese American Community Institute. The member grants and convey to MSPNUSA all right, title, and interest in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by MSPNUSA in connection with the member participating in MSPNUSA

University:	Major/Concentration:
<p>Please indicate your field of employment:</p> <p><input type="checkbox"/> Government</p> <p><input type="checkbox"/> Academic</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Business/Private</p> <p><input type="checkbox"/> Other (write below)</p>	

Preferred Chapter		
<p>What chapter would you like to join?</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> CA <input type="checkbox"/> IN (Fort Wayne) <input type="checkbox"/> IN (Indianapolis) <input type="checkbox"/> MI </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> NY <input type="checkbox"/> TX (Dallas) <input type="checkbox"/> Washington DC Area <input type="checkbox"/> WA (Seattle) </td> </tr> </table>	<input type="checkbox"/> CA <input type="checkbox"/> IN (Fort Wayne) <input type="checkbox"/> IN (Indianapolis) <input type="checkbox"/> MI	<input type="checkbox"/> NY <input type="checkbox"/> TX (Dallas) <input type="checkbox"/> Washington DC Area <input type="checkbox"/> WA (Seattle)
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<p>Would you be interested in serving as a mentor for high school and/or college students? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Date Submitted: