

Phi Tau Phi Scholastic Honor Society of America *West American Chapter*

Members information update:

1. Name: _____ Chinese Name _____

Spouse's Name: _____

2. Preferred mailing address: _____

Home Work

3. Telephone: Work _____ Home _____

4. FAX: _____ E-mail: _____

5. Year elected to Phi Tau Phi: _____ (approximate if necessary; please do not omit)

6. Degrees earned: Year _____ Field _____ School _____

Year _____ Field _____ School _____

Year _____ Field _____ School _____

7. Specialization: _____

8. Professional Title: _____

Affiliation: _____

current latest

9. Suggestions and/or nominations of new members (optional):

Please complete this form and send it via regular mail, fax or e-mail to:

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