

**蒙郡華裔家長學生協會**  
**Chinese American Parents and Students Association**  
**Membership Form 會員表**

**Member Information 會員資料** (Member must be 18 or older 會員必須十八歲以上)

家長/監護人或成人會員姓名：(英) \_\_\_\_\_ (中) \_\_\_\_\_  
Parent/Guardian/Adult Member Name (English): \_\_\_\_\_ (Chinese) \_\_\_\_\_  
地址 \_\_\_\_\_ 市 \_\_\_\_\_ 州 \_\_\_\_\_ 郵碼 \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
電話 (家) \_\_\_\_\_ (手機) \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
電郵地址 \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Tutor/Tutee/Coordinator Information 小老師/學生/協調員資料**

- 1) ☐ 小老師/Tutor in \_\_\_\_\_ group 組 ☐ 學生/Tutee in \_\_\_\_\_ Grade 年級 ☐ 成人英語班/Adult Class  
☐ 協調員/Coordinator in \_\_\_\_\_ group 組  
姓名 (英) \_\_\_\_\_ (中) \_\_\_\_\_ (性別) \_\_\_\_\_ (出生日期) \_\_\_\_\_  
Name (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_ (Sex) \_\_\_\_\_ (Birth Date) \_\_\_\_\_  
M 月 D 日 Y 年
- 2) ☐ 小老師/Tutor in \_\_\_\_\_ group 組 ☐ 學生/Tutee in \_\_\_\_\_ Grade 年級 ☐ 成人英語班/Adult Class  
姓名 (英) \_\_\_\_\_ (中) \_\_\_\_\_ (性別) \_\_\_\_\_ (出生日期) \_\_\_\_\_  
Name (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_ (Sex) \_\_\_\_\_ (Birth Date) \_\_\_\_\_  
M 月 D 日 Y 年
- 3) ☐ 小老師/Tutor in \_\_\_\_\_ group 組 ☐ 學生/Tutee in \_\_\_\_\_ Grade 年級 ☐ 成人英語班/Adult Class  
姓名 (英) \_\_\_\_\_ (中) \_\_\_\_\_ (性別) \_\_\_\_\_ (出生日期) \_\_\_\_\_  
Name (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_ (Sex) \_\_\_\_\_ (Birth Date) \_\_\_\_\_  
M 月 D 日 Y 年

**Member Agreement 會員同意書** (Completion of this agreement required to participate in CAPSA activities.)

I will not hold CAPSA or its volunteer staff liable for property damage or personal injury while my family members or I participate in CAPSA activities. I will be responsible for all expenses resulting from property damage or medical emergency. I authorize the CAPSA volunteer staff to administer first aid and/or take my family members or me to a physician or hospital for emergency treatment if necessary.

若本人或我的家人在參加華裔家長學生協會活動時，招致財物損失或身體損傷，我不會向華裔家長學生協會或義工人員索賠。本人將負責所有因我或我的家人所引起的財物損失及個人急診醫療費用，並授權義工人員在必要時採取緊急措施，將我或我的家人送去急診就醫。

Member Signature (會員簽名): \_\_\_\_\_ Date (日期): \_\_\_\_\_

Emergency Contact (緊急聯絡人):

Name (姓名): \_\_\_\_\_ Phone (電話): \_\_\_\_\_ Relationship (關係): \_\_\_\_\_

2008-2009 學年場地均攤費 Shared Facility Rental Fee for 2008-2009 academic year

- ☐ \$20 x \_\_\_\_\_ 學生/小老師/協調員每人 \$20 for each Tutee/Tutor/Coordinator  
☐ \$30 x \_\_\_\_\_ 成人班學生每人 \$30 for each Adult Class Student  
☐ \$ \_\_\_\_\_ 樂捐/Donation

Please make checks payable to CAPSA (支票抬頭請寫 CAPSA) 合計/Total: \_\_\_\_\_

CAPSA is a 501(c)(3) non-profit organization. Donations are tax deductible to the full extent allowed by law. 捐款可減免所得稅。

Check if you would like to volunteer in: ☐ Tutoring program ☐ Adult class teaching ☐ Cultural activities ☐ Events

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☐ Cash \$ \_\_\_\_\_ Receipt No: \_\_\_\_\_ Processed by: \_\_\_\_\_  
☐ Check \$ \_\_\_\_\_ Check No.: \_\_\_\_\_ Date: \_\_\_\_\_