蒙郡華裔家長學生協會

Chinese American Parents and Students Association Membership Form 會員表

10601 Tanager Lane, Potomac, MD 20854-6356

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)

	以风八晋 貝姓石 . ()				
Parent/Guardia 地址	n/Adult Member Name (Eng	gnsn): 市		사	郵遞區號
			ī	State	Zip
電話 (家)		(手機)		
Telephone: (Ho	ome)				
電郵地址					
Email Address:					
Tutor/Tutee/Coordinator Information 小老師/學生/協調員資料					
1) □小老師	戶/Tutor in grou	p組 □學生/Tutee in	Grade	年級	□成人英語班/Adult Class
	/Coordinator in				
姓名 (英)			(性別)	(出生日期)
Name (Eng	glish)			(Sex)	(Birth Date) / / M月 D日 Y年
					□成人英語班/Adult Class
姓名 (免)			(性別)	(出生日期)
Name (Eng	glish)			(Sex)	(出生日期) (Birth Date) //
會員同意書 (簽署同意書方可參與本會活動,簽名者必須十八歲以上)					
Member Agreement (Complete agreement is required to participate CAPSA activities. Must be 18 or older to sign.)					
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 incurred by our participation in CAPSA. 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 Signat	ure (會員簽名):		Date ((日期):	
Member Signature (會員簽名):					
Emergency Contact (緊急聯絡人):					
Name (姓名	%):	Phone (電話)		Relat	tionship (關係):
Shared Facility Rental Fee Due 學年場地均攤費:					
□\$20 x 小老師/協調員每人\$20 for each Tutor/Coordinator □\$30 x 學生每人\$30 for each Tutee/Adult Class Student					
□ \$	樂捐/Donatio	on			
Please make checks payable to CAPSA(支票抬頭請寫 CAPSA)					
For Official Us	e Only				© CAPSA 2014-06-22
□ Cash	\$	Receipt No:	Pı	rocessed by	:
☐ Check	\$	Check No.:			
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