蒙郡華裔家長學生協會

Chinese American Parents and Students Association Membership Form 會員表

12308 Ambleside Dr, 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) | | | |
|---|---|--|---|
| Parent/Guardian/Adult Member Name (Englis | | | |
| 地址 | 市 | | 郵遞區號 |
| Address | City | State | Zip |
| 電話 (家) | (手機) | | |
| Telephone: (Home) | (Cell) | | |
| 電郵地址 | | | |
| Email Address: | | | |
| □協調員/Coordinator ing 姓名 (英) | 且 □ 學生/Tutee in Gra roup 組 | (性別) | (出生日期) (Birth Date) / / |
| Name (English) | п Цент | 一 、 | M月 D日 Y年 |
| 2) 小老師/Tutor in group & | 且 學生/Tutee in Gra | | |
| 姓名 (英) | | (性別) | (出生日期) (Birth Date) / / |
| Name (English) | | (Sex) | (Birth Date) / / |
| | | | MADE 14 |
| Member Agreement (Complete agreement I will not hold CAPSA or its volunteer staff lia in CAPSA activities. I will be responsible for a participation in CAPSA. I authorize the CAPS physician or hospital for emergency treatment 若本人或我的家人在參加華裔家長學生協會本人將負責所有因我或我的家人所引起的財家人送去急診就醫。 Member Signature (會員簽名): | able for property damage or personal injury all expenses resulting from property damage A volunteer staff to administer first aid and if necessary. ②活動時,招致財物損失或身體損傷,我 才物損失及個人急診醫療費用,並授權 | y while my famil ge or medical em d/or take my fam 战不會向華裔家 遠工人員在必要 | y members or I participate hergency incurred by our hilly members or me to a 長學生協會或義工人員索賠。時採取緊急措施,將我或我的 |
| Emergency Contact (緊急聯絡人): | | | |
| Name (姓名): | Phone (電話): | Relati | ionship (關係): |
| Shared Facility Rental Fee Due 學年場地 | 均攤費: | | |
| □ \$20 x | 每人 \$20 for each Tutor/Coordinator For each Tutee/Adult Class Student | | |
| Please make checks payable to CACheck if you would like to volunteer in: Tuto CAPSA is a 501(c)(3) non-profit organization. | | tural activities | |
| For Official Use Only | 2 Salations are tax acquetions to the full c | Atom anowed by | © CAPSA 2014-06-22 |
| | eceipt No: | Processed by: | |
| Chack | Shoot No. | Data: | |