

蒙郡華裔家長學生協會
Chinese American Parents and Students Association

Membership Form 會員表

P.O. Box 1603, Rockville, Maryland 20849-1603

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): _____

2011-2012 學年場地均攤費 Shared Facility Rental Fee for 2011-2012 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

For Official Use Only

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Cash \$ _____ Receipt No: _____ Processed by: _____

Check \$ _____ Check No.: _____ Date: _____