

# CHINESE CLUB OF SAN MARINO 聖瑪利諾華協



FAMILY APPLICATION FORM 申請表 DATE 日期: \_\_\_\_\_

Complete one application form per family. Form should be upon new information. **Please type or print clearly in English only.**

Membership is only for people living in San Marino school district and business owner in San Marino.

\*Please provide a valid driver's license for ID verification, or business license of San Marino.\*

Membership benefits: - Discount for all club programs

- Receive email about all club activity information

\$300 Lifetime Member 終身會員

\$30 Annual Member 年度會員

## APPLICANT INFORMATION 申請人:

Last Name 姓名: \_\_\_\_\_ First Name 名字: \_\_\_\_\_

Date of Birth 出生日期: \_\_\_\_\_ Sex 性別: \_\_\_\_\_

Profession 職業: \_\_\_\_\_ Employer 雇主: \_\_\_\_\_

Home Address 家地址: \_\_\_\_\_

Work Address 工作地址: \_\_\_\_\_

Phone 電話 (Cell): \_\_\_\_\_ (H): \_\_\_\_\_ (W): \_\_\_\_\_

Email 電郵: \_\_\_\_\_

## FAMILY INFORMATION 家人:

Spouse Name 伴侶: \_\_\_\_\_ DOB 出生日期: \_\_\_\_\_  
Last 姓, First 名字

Profession 職業: \_\_\_\_\_ Employer 雇主: \_\_\_\_\_

Child(ren) 孩子:

Name 名字(1): \_\_\_\_\_ DOB 出生日期: \_\_\_\_\_ School 學校: \_\_\_\_\_

Name 名字(2): \_\_\_\_\_ DOB 出生日期: \_\_\_\_\_ School 學校: \_\_\_\_\_

Name 名字(3): \_\_\_\_\_ DOB 出生日期: \_\_\_\_\_ School 學校: \_\_\_\_\_

Name 名字(4): \_\_\_\_\_ DOB 出生日期: \_\_\_\_\_ School 學校: \_\_\_\_\_

**VOLUNTEER 志願者: PLEASE CHECK THE AREA WHERE YOU ARE INTERESTED TO VOLUNTEER FOR CCSM.**

Activities 活動     Community Services 社區服務     Newsletter 通訊     Mid-Autumn Festival (MAF) 中秋節活動     Donation 捐款     Chinese School 中文學校

## SIGNATURE 簽名:

Signature of applicant 申請人簽名: \_\_\_\_\_ Date 日期: \_\_\_\_\_

Signature of spouse 伴侶簽名: \_\_\_\_\_ Date 日期: \_\_\_\_\_

*-Office Use Only-*

Cash     Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Membership Date \_\_\_\_\_

Payment Received on \_\_\_\_\_ Date    Payment Received By \_\_\_\_\_ Print Name    Signature \_\_\_\_\_