



CHINESE CLUB OF SAN MARINO 聖瑪利諾華協

2425 Huntington Drive, San Marino, CA 91108

Tel: (626)796-5190 Fax: (626)795-5180 Email: info@ccsm.org

FAMILY APPLICATION FORM 申請表 DATE 日期: _____

Complete one application form per family. Please email or mail back to address above. 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 or a registered business owner with a physical business located in San Marino. Qualifying family members are spouses, registered partners and children under 18. Annual Activates Membership is for people not living in San Marino School District.

Please provide a valid driver's license for ID verification.

<input type="checkbox"/>	\$500 Life Time Chinese Club Member	終身會員
<input type="checkbox"/>	\$50 Annual Chinese Club Member	年度會員
<input type="checkbox"/>	\$50 Annual Activities Member	年度活動學員

APPLICANT INFORMATION 申請人:

Last Name 姓氏: _____

First Name 名字: _____

Date of Birth 出生日期: _____ Sex 性別: _____

Profession 職業: _____ Employer 雇主: _____

Home Address 住家地址: _____

Work Address 工作地址: _____

Phone 電話 (Cell): _____ (H): _____ (W): _____

Email 電郵: _____

FAMILY INFORMATION 家人:

Spouse Name 配偶: _____ DOB 出生日期: _____
Last 姓氏, 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 配偶簽名: _____ Date 日期: _____

-Office Use Only-

Cash Check # _____ Amount \$ _____ Membership Date _____

Payment Received on _____ Date Payment Received By _____ Print Name Signature _____