



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.

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

Membership benefits: - Discount for all club programs

- Receive email about all club activity information

\$500 Lifetime Member 終身會員

\$50 Annual Member 年度會員

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 _____