

# Chinese American Community Center (CACC) 2010-2011 Membership Registration Form

華美聯誼中心 2010-2011 會員登記表格

- Annual CACC membership registration is required of **all** CACC members regardless of membership categories.
- Annual CACC membership registration consists of completing this registration form, completing and signing the liability waiver form, and paying the applicable annual membership fee.
- In order to receive full membership benefits, applicants may not prorate membership dues.
- CACC is an affiliate member of the United Way of Delaware and receives designation.

## Member Information

➔ **Name(s):** (Please print / 請寫工整) \_\_\_\_\_ Submission Date: \_\_\_\_\_  
(mm/dd/yyyy)

Last Name (English)	First Name (English)	Chinese Name	Male / Female	
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Dependents:**

- Include immediate family members only.
- Others should register as separate members.
- Use back page as needed.

			Date of Birth (mm/dd/yyyy)	
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

➔ **Home Address:** \_\_\_\_\_  
(Street number & name) (Apt number) (Town / City) (State) (Zip Code)

➔ **Telephone Number(s):** \_\_\_\_\_  
(Home) (Work) (Mobile)

➔ **E-mail Addresses:** \_\_\_\_\_

## Membership Fee

➔ Select your membership category according to the membership fee category guidelines below:

- Life Member - Exempt from membership fees
- Regular Family Member - \$60 per year (dependents 21 years or older excluded except for full-time students)
- Regular Individual Member - \$30 per year (dependents 21 years or older excluded except for full-time students)
- Senior Couple Member - \$35 per year (either person at least 60 years old / not extended to other family members)
- Senior Individual Member - \$20 per year (at least 60 years old / not extended to other family members)
- Student Member - \$20 per year (registered full-time student 21 years or older)

## Completing the Registration

➔ **Please write your check for the applicable membership fee amount payable to CACC and send it with this registration form AND the signed liability form to:**

Chinese American Community Center, P.O. Box 849, Hockessin, DE 19707

(Below for CACC management use only)

Check #: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_  
(mm / dd / yyyy)

# Chinese American Community Center LIABILITY WAIVER FORM

**Name(s) of Participant(s):** (Please print)

Last Name	First Name	Chinese Name	Age (needed if younger than 18)

**Home Address:**

(Street number & name)	(Apt number)	(Town / City)	(State)	(Zip Code)

**Telephone Number(s):**

(Home)	(Work)	(Mobile)

**E-mail Addresses:**

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**Activities to participate in:**

**CLUBS:**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Basketball               | <input type="checkbox"/> Aerobic Exercise  | <input type="checkbox"/> Hiking Biking Dining | <input type="checkbox"/> Evergreen              |
| <input type="checkbox"/> Dragon & Lion Dance      | <input type="checkbox"/> Ballroom Dance    | <input type="checkbox"/> Cooking              | <input type="checkbox"/> Games                  |
| <input type="checkbox"/> Fencing                  | <input type="checkbox"/> Children's Dance  | <input type="checkbox"/> Yo-Yo                | <input type="checkbox"/> Jiao Tan Hui           |
| <input type="checkbox"/> Ping-Pong (Table Tennis) | <input type="checkbox"/> Dance Exercise    | <input type="checkbox"/> Karaoke              | <input type="checkbox"/> Paper Art              |
| <input type="checkbox"/> Tang Soo Do              | <input type="checkbox"/> Folk Dance Troupe | <input type="checkbox"/> Zhi Yin Chorus       | <input type="checkbox"/> Other: (Specify) _____ |

Chinese School of Delaware

**CACC Membership:** (choose one)

- Life   
  Regular Family   
  Regular Individual   
  Senior Couple   
  Senior Individual   
  Student   
  Guest

We/I understand that sports activity by its very nature can be dangerous and that risk is involved. Relative to us/me, my son/daughter/ward as a participant on the sports checked above, we/I assume all risks and hereby release Chinese American Community Center (C.A.C.C.), its co-sponsor, and instructors and leaders appointed by them from all liability by reason of any injury to any person or any damage to anything in connection with the activity.

We/I certify that the above named participant(s) is/are covered by medical insurance.

We/I do hereby grant permission to a licensed physician to perform or provide necessary medical care or aid to our/my son/daughter/ward/self.

**Signatures:**

	Date: _____
Signature of adult participant(s)	
	Date: _____
Signature of adult participant(s) or parent/guardian for participant(s) under the age of 18 ]	
	Date: _____
Witness	