

Kamloops Chinese Cultural Association

國語中文學校

MEMBERSHIP REGISTRATION FORM

Name 姓名: _____ Date of Birth 出生日期: _____

Student Name (學生姓名): _____ Date of Birth 出生日期: _____

Student Name (學生姓名): _____ Date of Birth 出生日期: _____

Language 語言: _____

Address 地址: _____

Street

City

Province

Postal Code

Telephone No. 電話: (_____) _____ Fax No. 傳真: _____

Email 電郵: _____

Family Membership: _____

Individual Membership: _____

Associate Membership: _____

姓名 _____ 簽署 _____ 日期 _____

Name: _____ Signature: _____ Date: _____