

# IKPAVC Application Form



Date	/ /		Family ID				
Adult Member	ID	Name		Relationship	E-Mail	Cell Phone	
Youth Member	ID	Name	Grade	Name of School	E-Mail	Cell Phone	
Home Address						Home Phone	
Voluntary Donation (Suggested Donation: \$ 80)			Amount Paid : \$		Cash <input type="checkbox"/> , Check <input type="checkbox"/> ( # )		

**\*Donation is non-refundable and non-transferable.**

I, \_\_\_\_\_, hereby, wish to become a member of IKPAVC and participate in all activities and volunteer opportunities. I certify that the information provided is true and correct and have been given voluntarily.

**Photo Release Agreement :**

The undersigned, hereby, states and agrees as follows: Irvine Korean Parents Association has my permission to include photographic images of me/my child in print, and/or computer-based materials designed to be used in informational publications. I understand that the images may be distributed in a variety of settings, such as reports and presentations. Images may also be included in the Irvine Korean Parents Association website and thus be available to the general public. (Materials contained on the website are subject to U.S. copyright law: Title 17, United States Code.) No compensation has been received by me in exchange for giving my permission to use these materials.

I release IKPAVC from any liability and responsibility associated with all activities related to IKPAVC.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_