

IKPAVC Application Form



Date			Family ID			Group	
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, the undersigned, an adult 18 years old or over, and any minor(s) listed above, hereby, wish to become members 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.

Parent Signature _____

*부모님 사인 필수

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.

Parent Signature _____

Parent Print Name _____

Date _____

*부모님 사인과 성함 필수