## CAC Membership Application Form

Chinese American Club of Laguna Woods Village (CAC)

Received By		
<b>妆件人:</b>		

MANOR # / Unit #	STREET / City / Zip			
FIRST PERSON				
NAME IN ENGLISH		CHINESE NAME		
PHONE #	* 🗆 Wechat 🗆 LINE 🗖 E-Mail	1		
SECOND PERSON				
NAME IN ENGLISH		CHINESE NAME		
PHONE #	* 🗆 Wechat 🗆 LINE 🗆 E-Mail			
*You can choose to r	eceive CAC announcements via	Wechat or LINE CAC Group Chat,		
		]或電郵方式接收華聯的活動訊息。		
and/or E-Ivian. pjj j	艺学以版旧 <b>以 CINC</b> [丰柳日小叶	3、电野刀以按从手桥时沿到时心。		
		MES, ADDRESS, PHONE #) PRINTED ON THE ANNUAL		
		RS. 我們願意 CAC 把我們的姓名、地址、和電話號碼		
	上,會員錄將會發给全體 LWV 村內外的(			
		PRINTED ON THE ANNUAL MEMBER DIRECTORY TO BE		
DISTRIBUTED TO ALL	CAC MEMBERS. 我們不願意 CAC 把我們的	NMA人負科豆任 CAC 的曾貝銶。 ————————————————————————————————————		
		CHECK AMOUNT\$		
Annual membership fee is \$20 per person, if joining on / after July 1st, the fee will be prorated to \$10 per				
person. Please make check payable to CACLWV, mail the check & this form to CACLWV, PO Box 3089, Laguna Hills, CA 92654				
OR submit the check & this fo	rm to a CAC Representative.			
WAIVER OF LIABILITY (This wa	aiver is effective from the date you signed	extended to a full year or till next renewal.)		
		bers of CAC, agree to participate activity hosted by		
-	• .	CAC), and agree to waive the right to make any claim for		
		th might be sustained as a result of our participation or		
		ectors, officers, volunteers. CAC is a registered club under		
		fit Mutual Benefit Corporation, and Village Management to us. We, on behalf of ourselves, our personal		
	f kin, respectively and agree as follows:	to us. We, on behalf of ourselves, our personal		
	activities include inherent risks of injury to	persons and property:		
		oment and services, programs or/and premises are		
undertaken by us and at our sol		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
- ' '		esses, or other conditions that could prevent us from the		
	facility, and with no injuring or impairing			
<ul> <li>We further understand that CA</li> </ul>	AC does not provide any form of insurance	for activity / program participants.		
SIGNATURE	PRINT NAME	DATE		
SIGNATURE	PRINT NAME	DATE		
興趣,愛好或專長:		終意為本会服務嗎?可以 / 可考慮。		