



German International Parent Association

ANNUAL MEMBERSHIP APPLICATION 2009 /2010 SCHOOL YEAR*

*Membership expires June 30, 2010

New Member

Membership Renewal

STUDENT'S INFORMATION		Grade								High School Year			
Name:		1	2	3	4	5	6	7	8	FR	SO	JR	SR
Name:		1	2	3	4	5	6	7	8	FR	SO	JR	SR
Name:		1	2	3	4	5	6	7	8	FR	SO	JR	SR
Name:		1	2	3	4	5	6	7	8	FR	SO	JR	SR

MOTHER'S INFORMATION (Please print clearly)	
Name:	Email:
Address:	Phone (H):
	Phone (Cell):
	Nationality:
Hobbies:	Profession/Company:
Interest to volunteer: <input type="checkbox"/> YES <input type="checkbox"/> No	

FATHER'S INFORMATION (Please print clearly)	
Name:	Email:
Address:	Phone (H):
	Phone (Cell):
	Nationality:
Hobbies:	Profession/Company:
Interest to volunteer: <input type="checkbox"/> YES <input type="checkbox"/> No	

We would like to support GIPA by joining at the following membership level:

Basic \$50^[1] Family \$100^[2] Sponsor \$250 Patron \$500 Other _____

^[1] covers one child

^[2] covers two or more children in the program

ALL DONATIONS ARE TAX DEDUCTIBLE. Ask your employer about matching contributions!

One membership applies to the whole family.

Please make checks payable to the **GIPA** and mail them with this form directly to:

GIPA
P.O. Box 431081
Miami, Florida 33243-1081

For further questions: Please send an email to our membership coordinator Daniela Kuczurba at kuczurba@bellsouth.net or call her at 305-662-1602.

Membership confirms your agreement to receive email communication from GIPA and the release of pictures taken at GIPA events and/or at school and their use and publication consistent with GIPAs mission. Thank you;

Check #: _____

NEW: Credit Card: MasterCard Visa American Express _____

Card No: _____ Valid thru: ____/20____ Verification Code: _____

Name on Card: _____

Signature: _____ Date: _____