



P.O.Box 431081, Miami, FL 33243

German International Parent Association

www.gipa.org

membership@gipa.org

Annual Membership Application School Year 2017/2018

(valid from July 1, 2017 to June 30, 2018)

I/we commit to support my/our child/-ren's German International Education by joining GIPA at the following membership level:

- \$ 1000 Diamond
 \$ 500 Gold
 \$ 250 Silver
 \$100 Basic per child =\$ _____
 \$ _____ monthly (only by Credit Card Payment)

Visit www.gipa.org for more information and check out the **Membership benefits!**
ALL DONATIONS ARE TAX DEDUCTIBLE. Ask your employer about matching contributions!

Please make checks payable to **GIPA** and mail them with this form directly to the address on top.

Payment: Check #: _____ (payable to GIPA) or Credit Card: MasterCard Visa

Card Number: _____

Valid thru: _____/20____ Verification Code: _____ Name on Card: _____

Signature: _____ Date: _____

Member information (Please print clearly)

How to address correspondence: "Dear _____ Family,"

Mother's first name Mother's last name Mother's email

Father's first name Father's last name Father's email

Street address City State Zip

Mother's cell # Father's cell # Home phone #

Child first name Child last name Grade School IE / IS
(for grades 6-12)

Child first name Child last name Grade School IE / IS
(for grades 6-12)

Child first name Child last name Grade School IE / IS
(for grades 6-12)

Mother / Father would like to volunteer for: _____

Circle as appropriate (Oktoberfest, Gala, Yearbook, "anything", etc.)

I/we understand that membership confirms my/our 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 GIPA's mission. Pictures may include student photos taken for the annual GIPA Book.

Parent's signature

Date