



Virginia KADPA

회원명부

MEMBER INFORMATION

날짜 (Date) : _____

Dependent's 이름 (Name)	한글 (Korean)		
	영어 (English)		
생년월일 (Birth)	mm/dd/year		
장애 (Disability)			
주소 (Address)			
집전화 (Telephone)			
Waiver Status			
부모님 (Parents)	아버지 (Father)	어머니 (Mother)	
이름 (Name)			
휴대폰 (Cell Phone)			
이메일 (e-mail)			
Preferred method of contact	<input type="checkbox"/> 전화 (Telephone) <input type="checkbox"/> 이메일 (e-mail) <input type="checkbox"/> 우편 (mail)		
<p>Photo release consent :</p> <p>I give VA KADPA the irrevocable right to use by name, portrait, or photograph in all forms and media for public relations or any other lawful purposes. I waive any right to inspect or approve the finished product, including written copy, that may be created in connection with the product. I have read this release and am familiar with its contents.</p> <p style="text-align: right;">Sign : _____</p>			
기타사항 (Other Remarks) :			