



Parent Association Membership e-Application Form

PLEASE COMPLETE THE FORM IN BLOCK LETTERS

Name of Parent/Guardian: _____
Surname First Name

Phone Number (Home/Mobile) _____

Email Address: _____

Number of children I have in CAIS: _____ They are in grade(s): _____, _____ and _____

Applied by:

Full Name* _____

Date:

*no signature required, just put your full name to replace signature

To become a member of CAIS Parent Association, please download this e-form to your computer and complete it with Adobe Reader, then click on the "email icon" to send as an attachment to members@caispa.org We will come back to you later for the payment of one year membership fee at \$100 payable to: "Christian Alliance International School Parent Association Limited"

One family unit is one membership. The membership card will entitle you to various benefits.

For more details, please log on to www.caispa.org or for further queries email us at: info@caispa.org

I choose not to receive CAISPA promotional info

I would like to VOLUNTEER in the following area(s):

- Fund-raising activities for the new CAIS campus
- Organize event(s)
- School Ad-hoc Activities
- Giving a Talk/Workshop (*please delete the inappropriate)
My contribution is _____
- Others (please specify) _____

Serial No.
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