

School Information

Does your school/organization register at the local government?	___ No	If yes, city/county _____
Is your school/organization a nonprofit organization?	___ No	If yes, fill ID # is _____
Does your school have General Liability Insurance?	___ No	If yes, insurer is _____
Does your school have Workers Compensation?	___ No	If yes, insurer is _____
Do you own your school facility?	___ No	___ Yes
How many staffs? _____. Is there any compensation?	___ No	___ Yes
How the school gets founding?		

Student and Textbook information

使用課本

班級	班級數	學生人數	教師人數	A	B	C	D	E	F	使用課本註解
普通班, 首冊										A. 全新版華語課本
普通班, 1~12										B. 兒童華語課本 1~12 冊
雙語班, CSL										C. 生活華語
粵語班										C. 新編華語注音符號課本
學分班										D. 美洲華語
文化班										E. Integrated Chinese
										F. 初中華文
										G.
合計										

備註 Note:

1. **Each representative has to have an E-mail address in order to receive ANCCS announcements and notices.**
2. All information will be used by ANCCS for educational purpose only.
3. ANCCS will accept new (none voting member) application between 4/1 to 6/31. After evaluation, ANCCS will announce the new member list before 8/1.
4. To **renew membership**, send **a check of \$130.00 along with this form** 、 **teacher list** to ANCCS.
5. New Application needs following attachment (1) A copy of school documents (Class schedule, Teaching material list, and organization document). (2) One check of **\$20.00** for Application fee (non-refundable). (3) One check of **\$130.00** for *the first year membership fee* (refundable if application denied).
6. Please make check payable to **ANCCS**. Mail to ANCCS, P.O. Box 2428, Cupertino, CA 95015-2428

Signature of Representative One: _____
(理事一簽名)

Date: M _____ D _____ Y _____
(簽名日期)

Signature of Representative two: _____
(理事二簽名)

Date: M _____ D _____ Y _____
(簽名日期)