



ニューヨーク日系人会申し込み用紙

Application Form of JAA Membership

Membership No. \_\_\_\_\_

Check appropriate Membership category:

___ Platinum	プラチナ	\$2,000.00	___ Regular	一般	\$100.00
___ Gold	ゴールド	\$1,000.00	___ Regular Spouse	一般配偶者	\$ 50.00
___ Silver	シルバー	\$ 500.00	___ Senior (over 65 yrs.)	高齢者	\$ 60.00
___ Supporting	個人賛助	\$300.00	___ Senior Spouse	高齢配偶者	\$ 40.00
			___ Student	学生	\$ 25.00

Enclosed is my membership dues \$ \_\_\_\_\_ and special gift \$ \_\_\_\_\_  
in total amount of \$ \_\_\_\_\_.

Signature 署名 \_\_\_\_\_ Date \_\_\_\_\_

Please make a check payable to the Japanese American Association of New York, Inc. and mail to the Japanese American Association of New York, Inc. 15 West 44th Street, 11th Floor, New York, NY 10036.

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1) Name: Mr./Mrs./Ms./Miss \_\_\_\_\_

Last M First

漢字氏名 in Kanji \_\_\_\_\_ (if applicable)

2) Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

3) Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

4) Busine 勤務先: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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5) Emergency Contacts (緊急連絡先) :

Name & Address in U.S.: \_\_\_\_\_

Tel: \_\_\_\_\_

Name in Japan: \_\_\_\_\_ Tel. \_\_\_\_\_

6) Date of Birth (出生日) : \_\_\_\_\_ Place of Birth (出生地) : \_\_\_\_\_

7) U.S.Citizen (米国民) \_\_\_\_\_, Permanent Visa (米国永住権) \_\_\_\_\_, Alien (一時滞在) \_\_\_\_\_

8) Religion (宗教) \_\_\_\_\_ 9) Hobbies & Talents (趣味・特技) \_\_\_\_\_

Proposed by (推薦者) \_\_\_\_\_