

ニューヨーク日系人会申し込み用紙
Application Form of JAA Membership

Check appropriate type of Membership: _____ Membership No. _____

___ 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	高齢者配偶者	\$40.00
			___ Student	学生	\$25.00
			___ Beiju (over 88 years old)	米寿	\$0

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

Please make a check payable to the Japanese American Association of New York, Inc.

Signature: _____ Date: _____

1) Name: Mr./Mrs./Ms./Miss _____

Last M. First
漢字氏名 in Kanji _____ (if applicable)

2) Mailing Address: _____

City: _____ State: _____ Zip: _____

3) Telephone: _____ E-mail Address: _____

If applicable below

4) Business: _____ Position: _____

Address: _____

Telephone: _____ E-mail address: _____

5) Emergency Contacts (緊急連絡先) : Names in U.S.A.

① Name: _____ Tel: _____

Address: _____

Name in Japan (if applicable): _____ Tel: _____

6) Optional

Date of Birth(出生日): _____ Place of Birth(出生地): _____

Religion (宗教): _____ Hobbies & Talents(趣味・特技): _____

___ U.S. Citizen(米国市民), ___ Permanent Visa(永住権保持), ___ Alien(一時滞在)

7) Proposed by (推薦者名): _____

A 501 (c) 3 charitable not-for profit New York corporation
Donations are tax-deductible to the fullest extent allowed under the tax law
Federal Tax Identification Number:13-6222615