



JAA Membership Application Form

Check appropriate membership category:

- | | | | | | |
|---|--------|-------|-------------------------------------|------|---------|
| ☐ Regular | 一般 | \$100 | ☐ Platinum | プラチナ | \$2,000 |
| ☐ Regular Spouse | 一般配偶者 | \$50 | ☐ Gold | ゴールド | \$1,000 |
| ☐ Senior (over 65 yrs.) | 高齢者 | \$60 | ☐ Silver | シルバー | \$500 |
| ☐ Senior Spouse (65 yrs.+) | 高齢者配偶者 | \$40 | ☐ Supporting | 個人賛助 | \$300 |
| ☐ YP Under 40 yrs.(ヤングプロフェッショナル/40歳未満) | | \$50 | | | |
| ☐ Student | 学生 | \$25 | | | |
| ☐ Beiju (over 88 yrs.) | 米寿以上の方 | \$0 | | | |

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

Signature: _____ Date: _____

● **Online Payment** : Please visit JAA website at www.jaany.org/donate-new/
Credit card payment is available from **Donate page**.

● **Check Payment**: Payable to the **Japanese American Association of New York, Inc.**
Mail to: JAA, 49 West 45th St., 5th Floor, New York, NY 10036

① Name: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Mx. ☐ Prefer not to say

Last Name: _____ M. _____ First Name: _____

漢字氏名 Name in Kanji (if applicable) _____

② Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

③ Cell Phone: _____ Home Phone: _____

④ E-mail Address: _____

⑤ Business Name: _____ Position: _____

Address: _____

Telephone: _____ E-mail address: _____

⑥ Your Date of Birth (MM/DD/YYYY) (生年月日): _____

⑦ Status: ☐ U.S. Citizen(米国市民) ☐ Permanent Visa(永住権保持) ☐ Alien(一時滞在) ☐ Other(その他)

⑧ Emergency Contacts in the U.S.A. (米国内緊急連絡先) :

Name: _____ Phone: _____

E-mail Address: _____

*Emergency Contacts in Japan (日本の緊急連絡先) (if applicable):

Name: _____ Phone: _____ E-mail: _____