



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 |

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

Signature: _____ Date _____

◆ Online Payment : <https://jaany.org/donate-new/>

◆ 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

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

2) Home/Mailing Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____

3) Telephone: Cell: _____ Home: _____

4) E-mail Address: _____

4) Business (if applicable): _____ Position: _____
Address: _____
Telephone: _____ E-mail address: _____

5) Emergency Contacts in USA & Japan (米国内及び日本の緊急連絡先):

【USA】 Name: _____ Tel: _____
Relationship (間柄): 配偶者・パートナー／子供／親／兄弟姉妹／甥・姪／友人／他
E-mail: _____

【JAPAN】 Contact in Japan (if applicable): Name : _____ 間柄: 子供／親／兄弟姉妹／甥姪／他
(日本の緊急連絡先) Phone & Email: _____

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

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

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

The Japanese American Association of New York, Inc.
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