

Application Form for Membership to the Kashiwa International

Year/Month/Date:

	※NATIONALITY :		* 事務局処理欄
※ NAME	・Male ・Female		会員区分 団体 個人 学生 家族 外国人
※ ADDRESS	〒		使用言語 : 日、中、韓、英、スペイン、 タイ、ポルトガル
※ PHONE NO. FAX NO.			Please circle committees you wish to join: General Affairs Committee,Public Relations Committee,Foreign Language Committee, Japanese Culture Committee,Japanese Classes Committee,Cross Cultural Event Committee, Torrance Committee, Chengde Committee, Guam Committee, Camden Committee,Foreign Residents Committee, Student Club Committee,
E-MAIL ADDRESS			
BIRTH DATE	Year/Month/Date:	(Age:)	

Required fields marked with ※.

The Association is strongly committed to protecting personal information. : 受付者