



ジャクソンビル日本人会 申込書

申し込み日： 月 日 年

会費は入会届けを提出した日に年度分を一括納入いただきます。

注：納入された年会費は期の途中で退会する場合でも返済されませんので予めご了承ください

会員区分 *該当欄に(✓)を記入して下さい

家族会員 (Family)	\$40	
個人会員 (Individual)	\$25	
学生会員 (Student)	\$10	
シニア 65 歳以上 (65yrs or older)	\$20	
企業会員 (Corporate Member)	\$100	

会員名及び連絡先 *こちらの枠内は必ずご記入下さい

*代表者名 (又は企業名)	(漢字)	(英語)
登録家族名	(漢字)	(英語)
*連絡先	住所	
	電話番号/FAX 番号	
	緊急連絡先	
	Email (必須)	

* 画像は、JAJ の Facebook ページおよび JAJ の Web サイトで使用されることがあります。あなたやあなたの家族が写真を撮られたくないという方は、こちらに✓マークを入れてください。

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個人情報の取扱いについて

別紙記載の個人情報の取扱いについて同意いたします。()

署名 (Signature)



お支払い方法

現金 ()	() Check Check# _____ Payable to : JAJ	() Others
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*OFFICIAL USE ONLY (記入しないで下さい)

Received From : _____

Amount \$ _____ Cash () Check# _____

For Membership Fee of Japanese Association of Jacksonville, FL

Received By _____ Date: _____

<p>RECEIPT</p> <p>Received From : _____</p> <p>Amount \$ _____ Cash () Check# _____</p> <p>For Membership Fee of Japanese Association of Jacksonville, FL</p> <p>Received By _____ Date: _____</p> <p>Japanese Association of Jacksonville, FL Email: jajjapanese@gmail.com Web: www.jaj-fl.org FB: www.facebook.com/jaj.frolida</p>
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Application Form for Japanese Association of Jacksonville

Date :

The membership fee will be paid annually and effective immediately on the date of submitting the application.

Note: Please be aware that the membership fee will not be refunded even if you withdraw during the middle of the term.

Membership category * (✓) in the corresponding column

Family	\$ 40	<input type="checkbox"/>
Individual	\$ 25	<input type="checkbox"/>
Student	\$ 10	<input type="checkbox"/>
Senior (65yrs or older)	\$ 20	<input type="checkbox"/>
Corporate Member	\$100	<input type="checkbox"/>

Member name and contact address * Please be sure to fill in this column

*Applicant Name (or Company Name)	(Last)	(First)	
	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	
Registered family member name(s)	(Last)	(First)	
	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	
	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	
	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	
	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	
*Contact Info.	Address	<input style="width: 100%; height: 40px;" type="text"/>	
	Tel / Fax	<input style="width: 100%; height: 40px;" type="text"/>	
	Emergency Contact No.	<input style="width: 100%; height: 40px;" type="text"/>	
	Email (Required)	<input style="width: 100%; height: 40px;" type="text"/>	

Images may be used on JAJ's Facebook page and JAJ's website. If you and your family do not want to be photographed, please put a check mark here. ()

Consent for the Treatment of Personal Data *(Please (✓) in the column if you agree)*

I agree to the treatment of protection of personal data mentioned in the attachment below. ()

Signature of Applicant / Date



Payment Method

Cash ()	() Check Check# _____ Payable to : JAJ	() Others
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***OFFICIAL USE ONLY**

Received From : _____

Amount \$ _____ Cash () Check# _____

For Membership Fee of Japanese Association of Jacksonville, FL

Received By _____ Date: _____

RECEIPT

Received From : _____

Amount \$ _____ Cash () Check# _____

For Membership Fee of Japanese Association of Jacksonville, FL

Received By _____ Date: _____

Japanese Association of Jacksonville, FL
Email: jajjapanese@gmail.com
Web: <http://jai-fl.org>
FB: www.facebook.com/jaj.florida