

【 Individual・Family・Associate member 】

Date (YY/MM/DD):

一関市国際交流協会 会長 あて

Ichinoseki International Association membership form

記

Membership classification	※Please select the type of membership <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Associate (students)									
Name	フリガナ									
	姓 (Surname)	名 (First name)								
Family registration (1 person)	※for those who want to apply for family membership, enter details below (Up to 1 spouse)									
	フリガナ	Relationship								
Address	Post Code		City							
	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
Date of Birth	西暦	Gender	Male ・ Female							
Occupation	Y	M	D							
	<input type="checkbox"/> Student (School )		TEL							
	<input type="checkbox"/> Company employee		Cell phone							
	<input type="checkbox"/> Self employed <input type="checkbox"/> other		E-mail							
(Those under 18 years of age need permission. Please have a guardian sign below ) I understand the purpose of the association and consent to the applicant applying as described above. Guardians' name _____ (印)										

※Students may apply as associate members.

Associate memberships are free, although they will not have voting rights at general meetings.

<事務局記入欄> for office

会員 No.			
事務局長	事務局員	入力担当	受付担当

【 For Organizations/Corporations 】

Date (YY/MM/DD):

一関市国際交流協会 会長 あて

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Furigana			
Name of organization/corporation			
Furigana			
Name of representative			
Address	Post Code		City
		—	Prefecture
Contact number	—	—	

※Attach a company profile

<事務局記入欄> Office use

会員 No.			
事務局長	事務局員	入力担当	受付担当