

一関市国際交流協会 会長 あて

Ichinoseki International Association membership form

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| | | | | | | | | | | |
|---|--|----------------|---------------|--|--|--|--|--|--|--|
| 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 | <input type="checkbox"/> Student (School) | TEL | — — | | | | | | | |
| | <input type="checkbox"/> Company employee | Cell phone | — — | | | | | | | |
| | <input type="checkbox"/> Self employed <input type="checkbox"/> other | E-mail | | | | | | | | |
| How to receive information from us | Mail ・ 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):

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|----------------------------------|---|--|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Furigana | | | | | | | | | | | | | | | | | |
| Name of organization/corporation | | | | | | | | | | | | | | | | | |
| Furigana | | | | | | | | | | | | | | | | | |
| Name of representative | | | | | | | | | | | | | | | | | |
| Address | Post Code | | City | | | | | | | | | | | | | | |
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| 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 |
| | | | |