THE JAPANESE-AMERICAN SOCIETY of NEW JERSEY

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APPLICATION FORM

Office Use
ID #:_____
Expires:_____/_____/_____

Date: ____/____/____

_____ M / F ____/____/____
First Name Last Name Gender Date of Birth

_____
Home Address (Number and Street)

_____
City State Zip Code

_____
Home Phone Cell Phone

_____
E-Mail Address

_____
Occupation or School (Applicant's)

_____
Company Name (If Applicable) Work Phone

Type of Membership: Registered Member ($35) Regular Member/Individual ($85)
(Please circle) Regular Member/Family ($135)

Please fill out family information (other than yourself) below. *Family membership only

1. Name:_____ Age _____ Cell # ( ) _____-_____

2. Name:_____ Age _____ Cell # ( ) _____-_____

3. Name:_____ Age _____ Cell # ( ) _____-_____

How did you first hear about the JAS of NJ? (Please circle)	What interests you most about the JAS of NJ? (Please circle)
1. Internet (What search engine? _____)	1. Language Classes (Language?_____)
2. Newspaper Ad. (What paper?_____)	2. Culture Classes (Especially?_____)
3. Telephone Directory	3. Library (Book and DVD rental)
4. Flyer (Picked up at _____)	4. Seminars (Especially?_____)
5. Friend (Name? _____)	5. Translation/Interpretation
6. Other (Please explain _____)	6. Preparation for JLPT/JET Program
	7. Other (Please explain _____)

_____ /____/____
Signature of Applicant Date

*I hereby have read all the regulations on being a member of the **JAS of NJ** and understand the non-refundable policy that obtains to me