

THE JAPANESE-AMERICAN SOCIETY of NEW JERSEY

304 Main Street, 2nd Floor, Fort Lee, New Jersey 07024

TEL: (201) 461-5133 Email: info@jasofnj.com URL: http://www.jasofnj.com

MEMBERSHIP APPLICATION FORM

Office Use

ID #: _____

Expires: ____ / ____ / ____

Date: ____ / ____ / ____

First Name Last Name M / F
Gender

Date of Birth

Name of Guardian (If under 18 years old)

Home Address (Number and Street)

City State Zip Code

Home Phone Cell Phone

E-Mail Address

Occupation or School (Applicant's or Guardian's)

Company Name (If Applicable) Work Phone

Type of Membership: Registered Member (\$45) Regular Member/Individual (\$85)
(Please circle) Regular Member/Family (\$135)

How did you first hear about the JAS of NJ? (Please circle)

1. Google / Yahoo /Yelp
2. SNS (Facebook, Instagram, Twitter)
3. Advertisement (_____)
4. Flyer (Picked up at _____)
5. Friend (Name? _____)
6. Other (Please explain _____)

What interests you most about the JAS of NJ? (Please circle)

1. Language Classes (Japanese? Or _____)
2. Culture Classes (Especially? _____)
3. Library (Book and DVD rental)
4. Seminars/Workshops (Especially? _____)
5. Translation/Interpretation
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.