



北加日米会 2017 年度会費納入書
(Hokka Nichibei Kai 2017 Membership Dues)

Name (Mr. / Ms.)

(Optional)

Name in Japanese (日本語の名前)

Address

Telephone (Home)

(Work)

E-mail

Fax

- E-mail is capable of Japanese language (日本語メール可)
 Are you Japanese Citizen? (In case of emergency, the Japanese consulate will contact you)

Category (Please check one):

- Individual Member (\$40)
 Family Member (\$70 /couple)
(Name of family member _____)
 Group Member (\$40 /person~) _____
(List a group name and address)

 Supporting Member (\$175)

*** Please make a check payable to Hokka Nichibei Kai and mail to:**

Hokka Nichibei Kai 1759 Sutter Street, San Francisco, CA 94115

Questionnaire (Optional):

Are you interested in or willing to help us in the following program areas?

(下記のような北加日米会主催の行事、活動に興味のある方、又はお手伝い出来る方はチェックして下さい。)

- | | |
|---|---|
| <input type="checkbox"/> Tea Ceremony (北加日米会ティーソサエティー、お茶会) | <input type="checkbox"/> History Project (日系史編纂) |
| <input type="checkbox"/> Japanese Speech Contests (日本語弁論大会) | <input type="checkbox"/> Planning of Special Events (行事企画) |
| <input type="checkbox"/> Building/Garden Maintenance (建物・庭管理) | <input type="checkbox"/> Accounting and Treasurer's work (会計) |
| <input type="checkbox"/> Cultural Program (文化プログラム) | <input type="checkbox"/> Others _____ |

Thank you for your support.