Yotsukaido Cross-Cultural Associtation Member Application From

Date　　/　　/

To Chairman of the Yotsukaido Cross-Cultural Association

I will agree to the spirit of Yotsukaido Cross-Cultural Association, and join.

(Katakana) Name	Birthdate：Year：　　Month:　　Day:	**Gender** Male Female
Address	〒　　－	Tel　　(　　) Fax　　(　　) Mobile　　(　　)
E-mail	@　　First Contact: □Yes　□No * We will send information mail to the mail address which you filled in from now on.	
Occupation		**Name of Office or School** Tel　　(　　)
Please write Nationality and Length of time spent in Japan , Special skill		
Family members Profile	Example：Full Name　(Relationship, Age)	

Which Section you want to join ?　* Please put a check into the Section which wants to participate in activity. In hope of individual activity, please put O mark on each item in (　). (※Plurals can be selected. Please understand that connection mail is delivered from each part Section.)

□Relationship（Planning and operation Event, Preparation, Setting, Helper, and Other）

□SisterCity（Host family, Help of event that day, and Other）

□Japanese（Japanese Class, Parent and child circle, Japanese support, School subject support, Helper, and Other）

□Interpretation and Language（Interpretation･Translation, English Class, Planning and operation miscellaneous training, Helper, and Other）

□Secretariat (general affairs, public relations, consultation, Helper, and Other)

□Othe than above（　　）

The person who payment already ends also, Please put the check in the fee.

Member Fee	☐Individual 2,000 yen　☐Student 1,000 yen　☐Family 3,000 yen

事務局使用欄	受付：入会　　年　　月　　日／退会　　年　　月　　日		承認印
	会費納入日：	名簿記入日：	

四街道市国際交流協会
Yotsukaido Cross-Cultural Association
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