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**Japan-America Society of Northwest Florida, Inc.**

**P.O. Box 933, Gulf Breeze, FL 32562**

[info@jasnwfl.org](mailto:info@jasnwfl.org)[www.jasnwfl.org](http://www.jasnwfl.org)

**Membership Application**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For Family Membership, please list all names)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New member? YES\_\_\_\_\_ NO \_\_\_\_\_\_

Levels of Membership: Business $200 \_\_\_\_\_\_

Non-profit/Group\* $50 \_\_\_\_\_\_

Family $35 \_\_\_\_\_\_

Individual $20 \_\_\_\_\_\_

Military - Active Duty $15 \_\_\_\_\_\_

Senior Citizen $15 \_\_\_\_\_\_

Student: $10 with ID $10 \_\_\_\_\_\_

Optional donation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL AMOUNT

Payment method: Check\_\_\_\_, Money Order\_\_\_, Credit Card\_\_\_\_, or Cash\_\_\_\_

Mail to: P.O. Box 933, Gulf Breeze, FL 32562 (Please do not send cash)

For a credit card payment, please notify to [info@jasnwfl.org](mailto:info@jasnwfl.org).

\*Group Members are limited to seven (7) members.

Please list the members who are part of your group.

**If you have questions, please email** [**info@jasnwfl.org**](mailto:info@jasnwfl.org) **or call 850-602-7049.**