



Japan-America Society of Northwest Florida, Inc.
P.O. Box 933, Gulf Breeze, FL 32562
info@jasnwfl.org www.jasnwfl.org

Membership Application/Payment

Membership's Year Term January 1—December 31

___ New Member OR ___ Renewing Member Date: _____

Name(s): _____
(For Group/Family Membership, please list all names—continue on back if necessary)

Address: _____

Work # _____ Home # _____ Cell # _____

Email: _____

Annual Membership	
January 1---December 31	
Business	<input type="checkbox"/> \$200
Non-Profit/Group (limited to 7 members)	<input type="checkbox"/> \$50
Family	<input type="checkbox"/> \$35
Individual	<input type="checkbox"/> \$20
Military—Active Duty	<input type="checkbox"/> \$15
Senior Citizen	<input type="checkbox"/> \$15
Active Student w/ID	<input type="checkbox"/> \$10

Optional Donation: _____

Total Amount Due: _____

Payment method: Check _____ 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.

If you have questions, please email info@jasnwfl.org or call 850-602-7049.