

Japanese Chamber of Commerce and Industry of Chicago (JCCC)

ASSOCIATE MEMBERSHIP APPLICATION FORM

Application Date: _____

To the President of JCCC

I agree to pay membership dues and fulfill the responsibilities as a member of JCCC (including donation to Chicago Futabakai Japanese School) according to the membership guidelines.

Name of Company Representative: _____ ***Signature:*** _____

Company Name:	
和)	
Address:	
Tel:	E-mail (Company):
Fax:	URL:
Brief Description of your Company	
[Date of Establishment: _____]	

Recommendation by JCCC Board of Directors: 推薦会社)	Company: 会社名)	Signature: 理事署名)
	Company: 会社名)	Signature: 理事署名)

* Please be sure to fill out the names of registrants on the reverse side.
You may register up to 5 people.

【JCCC Registrants】

	Last Name:	First Name:	Home Address / Tel:
1 (Representative)	Mr. Ms.		
	和)		/ Tel:
	E-mail:		Office Tel (Ext.):
	Title:		
2 (Contact Person)	Mr. Ms.		
	和)		/ Tel:
	E-mail:		Office Tel (Ext.):
	Title:		
3	Mr. Ms.		
	和)		/ Tel:
	E-mail:		Office Tel (Ext.):
	Title:		
4	Mr. Ms.		
	和)		/ Tel:
	E-mail:		Office Tel (Ext.):
	Title:		
5	Mr. Ms.		
	和)		/ Tel:
	E-mail:		Office Tel (Ext.):
	Title:		