



日本クラブ 個人 / アソシエート会員入会申込書
THE NIPPON CLUB INDIVIDUAL / ASSOCIATE MEMBERSHIP APPLICATION FORM

THE NIPPON CLUB
145 West 57th Street New York, NY 10019
Phone (212) 581-2223 Fax (212) 581-3332

氏名 (ローマ字)

Name: (Last) _____ (First) _____ (Middle) _____

漢字氏名

Kanji: _____ 生年月日 Date of Birth: _____ / _____ / _____

会社名

Company Name: _____

漢字会社名

Kanji: _____ 役職名 (ローマ字) Business Title: _____

会社住所

Business Address: (Street) _____ (Suite) _____

(City)

(State)

(Zip)

会社電話番号

Business Phone: () _____ - _____

ファックス番号

Facsimile: () _____ - _____

自宅住所

Home Address: (Street) _____ (Apartment#) _____

(City)

(State)

(Zip)

自宅電話番号

Home Phone: () _____ - _____

電子メールアドレス

e-mail Address: _____

*個人会員にお申込みの際には、現クラブ会員2名の署名を得ることが必要となります。

紹介者署名欄 (クラブ会員2名スポンサー)

Applicant for individual membership is required to obtain two sponsors' signature. They must be current Nippon Club member. Sponsors should be responsible for all unsettled debts incurred by the above applicant.

会員番号 氏名 (ローマ字) 署名
Member No: _____ Sponsor Name: _____ Signature: _____

会員番号 氏名 (ローマ字) 署名
Member No: _____ Sponsor Name: _____ Signature: _____

趣味 (複数回答可)

ART BASEBALL BRIDGE CHORUS FILM/MOVIE FISHING GOLF
GOURMET/DINING IGO MAH-JONG MUSIC OPERA OUTDOOR PHOTOGRAPHY
READING/BOOKS SKIING SPORTS WATCHING TENNIS TRAVEL WINE/SAKE

Member card defray cost: Please note that you will be charged member card production fee \$3.00 on your first statement.

Withdrawal of Membership: It is agreed that the applicant may withdraw from the Club membership by submitting written notice to the Club. But the applicant's withdrawal shall not be accepted until all his indebtedness to the Club, including dues, is discharged.

申請者署名

Applicant's Signature: _____ 日付 Date: _____ / _____ / _____

Official Use Only

MEMBER NO. : _____ MAILED: _____ APPROVED BY: _____