Corporate Membership Application
The Japan-America Society of Washington DC

Mail to: The Japan-America Society, Attn: Membership, 1819 L St NW, Level 1B, Washington DC 20036 or fax to 202-833-2456. For additional information, see our website at www.us-japan.org/dc or call 202-833-2210.

Organization Name ________________________________________________________

Preferred Salutation (circle)       Mr.        Mrs.          Ms.         Dr.         Hon.

Key Contact _______________________________________________________________

Title ____________________________________________________________

Street ____________________________________________ Suite ___________

City, State, Zip Code _____________________________________________________

Home Phone (_____) _____________ Work Phone (_____) ______________

Fax: (_____) __________________________ Email: ___________________ @ __________

MEMBERSHIP LEVEL (check one):

☐ Associate Membership ($500) – available for nonprofit organizations, educational institutions, and companies with 5 or fewer employees. Includes one representative on mailing list as key contact

☐ Regular Membership ($1000) – includes key contact plus one additional person (total 2)

☐ Sustaining Corporate Membership ($1,500) – includes key contact plus three additional persons on mailing list (total 4)

☐ Patron Membership ($2,500) – includes key contact plus five additional persons on mailing list (total 6)

☐ Benefactor ($5,000) – includes key contract plus up to nine additional names on mailing list (total 10)

☐ In addition to my membership dues, I would like to make a contribution of $ __________ to the Society’s educational outreach programs in our local schools.
$ ___________ TOTAL PAYMENT (Membership Dues + Educational Contribution)

METHOD OF PAYMENT (circle):  Check    VISA    MasterCard

Number ___________________________ Expires ______/______ Security Code _______

(NOTE: The security code is the last 3 digits of the number above your signature, on the back of the card. Our bank requires this information for processing.)

Signature __________________________________________________________

Names of Additional Corporate Representatives

NAME#1____________________________________________________________

Title __________________________ Email __________________________@

Work Phone (____) __________________________ Fax (____) __________________

NAME#2____________________________________________________________

Title __________________________ Email __________________________@

Work Phone (____) __________________________ Fax (____) __________________

NAME#3____________________________________________________________

Title __________________________ Email __________________________@

Work Phone (____) __________________________ Fax (____) __________________

NAME#4____________________________________________________________

Title __________________________ Email __________________________@

Work Phone (____) __________________________ Fax (____) __________________

NAME#5____________________________________________________________

Title __________________________ Email __________________________@

Work Phone (____) __________________________ Fax (____) __________________