Corporate Membership Application

Mail to: The Japan-America Society, Attn: Membership, 1819 L Street NW, B2, Washington, DC, 20036. For additional information, see our website at www.jaswdc.org or call us at 202-833-2210.

Organization Name ____________________________________________________________

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

Key Contact Name: ____________________________________________________________

Title: _______________________________________________________________________

Street: _____________________________________________________________________ Suite: _______________________________

City, State, Zip Code: __________________________________________________________

Work Phone (____)__________________ Direct Phone (____)_______________________

E-mail: _____________________________________________________________________

MEMBERSHIP LEVEL (check one):

☐ Yokozuna ($5,000)  ☐ Ozeki ($3,500)  ☐ Sekiwake ($1,500)  ☐ Komusubi ($500) – Available for small local retail businesses and educational institutions with 5 or fewer employees

$________ TOTAL PAYMENT (Membership Dues + Educational Contribution)

METHOD OF PAYMENT (circle):  Check  VISA  MasterCard

Number ___________________________ Expires ____/____ Security Code __________

(NO: 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 ___________________________________________________________________