



会員申し込み書 Membership Application

Name 氏名: _____

Address 住所: _____

Postcode 郵便 No: _____

Telephone 電話: _____ Fax ファックス: _____

E-mail 電子メール: _____

Membership Classification 会員分類

Individual 個人 (\$35)

Concession コンセション (\$25)

Associaton 協会 (\$50)

Corporate 法人 (\$70)

Member Profile 会員プロフィール

How did you learn about the Association? 日豪友好協会の事をどなたから聞きましたか。

Specific interests in Japan/Australia? 日本・豪州に興味がある事はなんですか。

Membership Pledge 会員誓約

I agree to uphold the objects of the Association as stated in the Constitution of the Association and realize my membership may be terminated should I cease to do so.

Applicant 申し込み者: _____ Date 年月日: _____

1st Nominator 第一指名者: _____

2nd Nominator 第二指名者: _____

Applications may be forwarded to Jafa, PO Box 582, Fullarton, SA 5063. For further information contact Mike on 8370 8771, or visit the Jafa website at "www.jafa.asn.au"
Cheques must be payable to the Japan Australia Friendship Association Inc.

日豪友好協会
JAPAN AUSTRALIA FRIENDSHIP ASSOCIATION