

JACL MEMBERSHIP APPLICATION

South Bay (ID: 316)
Chapter Name

Please print clearly

Name: _____
Title First MI Last Name

Spouse's Name (For Couple Membership) _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: (_____) _____

Membership Category (please check the box):

<u>Categories</u>	<u>National Dues</u>	<u>Chapter Dues</u>	<u>Total</u>
<input type="checkbox"/> Individual	\$60.00 +	\$ 5.00 =	\$ 65.00
<input type="checkbox"/> Couple/Family	\$105.00 +	\$ 5.00 =	\$ 110.00
<input type="checkbox"/> Youth	\$25.00 +	_____ =	\$25.00
<input type="checkbox"/> Senior (62+ yrs.)	\$60.00 +	_____ =	\$60.00
<input type="checkbox"/> Senior Couple (62+ yrs.)	105.00 +	_____ =	\$105.00
<input type="checkbox"/> Thousand Club	\$100.00 +	_____ =	\$ 100.00
<input type="checkbox"/> Thousand Club Spouse	\$32.00 +	\$ 1.00 =	\$ 33.00
<input type="checkbox"/> <i>Thousand Club Life Trust</i> * One time payment for an individual life membership	\$3,000.00 +	_____ =	\$ 3,000.00
<input type="checkbox"/> Century Club	\$175.00 +	_____ =	\$ 175.00
<input type="checkbox"/> <i>Century Club Life Trust</i> * One time payment for an individual life membership	\$5,000.00 +	_____ =	\$ 5,000.00
<input type="checkbox"/> Millennium Club	\$1,000.00 +	_____ =	\$1,000.00
<input type="checkbox"/> Millennium Club Spouse	\$36.00 +	_____ =	\$36.00

Amount enclosed: \$ _____

Rates effective as of January 1, 2007

Make check payable to JACL and mail to:

JACL National Headquarters
 Membership Department
 P.O. Box 45397
 San Francisco CA 94145-0397

Credit Card Number _____ exp. _____

Authorizing signature: _____ telephone () _____

Please allow 4-6 weeks processing time after National JACL receives payment.

Thank you for your support of the Japanese American Citizens League (JACL)

JACL motto: "For Better Americans in a Greater America"