

SOUTH BAY JACL MEMBERSHIP APPLICATION

Name: _____
Title First MI Last Name

Spouse's Name (For Couple Membership) _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: (_____) _____

Membership Category (please circle)	INDIVIDUAL	\$65.00	SENIOR (62+YRS)	\$60.00
	Couple/Family	110.00	Senior Couple (62+yrs)	105.00
	Thousand Club	100.00	Thousand Club Spouse	33.00
	Youth	25.00	Century Club	175.00

Amount enclosed: \$ _____

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.

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PAUL M. SUMIDA, OD
MARK E. NAKANO, OD

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Torrance, CA 90503

(310) 316-6726

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