

**Japan America Society of San Antonio
Nonprofit Organization Membership Form**

Name of organization: _____
Mailing address: _____
City: _____ State: _____ Zip code: _____
Telephone: _____ Fax: _____
E-mail address: _____ Website: _____
Type of organization: _____

For our records, please send an organization's profile with your application.

Amount enclosed: \$ _____

Designate the two members of your organization's representatives:

Primary Contact person:

Name: _____ Title: _____
Tel : _____ Fax: _____ E-mail: _____

Other representative:

Name: _____ Title: _____
Tel : _____ Fax: _____ E-mail: _____

Welcome to the Japan America Society of San Antonio. Please tell us how we can serve your organization's interests.

Make your check payable to: Japan America Society of San Antonio
Mail to: P.O.Box 460444, San Antonio, TX 78246-0444

