

JAPAN AMERICA ASSOCIATION OF SOUTH CAROLINA, INC.
MEMBERSHIP APPLICATION/RENEWAL

Membership runs from April 1 – March 31 of each year

Student Individual Family Corporate Sponsor

Name: _____
Company (if applicable): _____
Contact Name: _____
Contact Address: _____
Phone: _____
E-Mail: _____ SIC Code (If applicable): _____
Brief Description of Company's Business Activities (If applicable): _____

Membership Levels and Annual Fees:

| Level | Fees |
|------------|--------|
| Student | \$25 |
| Individual | \$60 |
| Family | \$75 |
| Corporate | \$300 |
| Sponsor | \$1000 |

*If you are joining at "Family" level, please list one spouse or partner to have included on your membership and indicate how many children, if any. We do not need children's names.

Spouse Name _____ E-mail _____ Children _____

**If you are joining at the "Corporate" or "Sponsor" level, please list up to six additional employees you wish to have included on the Japan America Association of South Carolina, Inc. mailing list.

Name _____ E-mail _____ Phone _____
Name _____ E-mail _____ Phone _____
Name _____ E-mail _____ Phone _____
Name _____ E-mail _____ Phone _____
Name _____ E-mail _____ Phone _____
Name _____ E-mail _____ Phone _____

Please return the completed application and payment to:

JAASC
C/O Membership
PO Box 1791
Greenville, SC 29602

You may also submit the application electronically to: contact@jaasc.org

We do accept payments via paypal as well: paypal.me/JapanAmericaSC