



ワシントン D.C. 沖縄会
Okinawa Kai of Washington, D.C.
2018 Membership Form



Main contact (申込者)

Name: _____ Given name 旧姓: _____ Kariyushi Membership

Name: (配偶者) _____ Given name 旧姓: _____ Kariyushi Membership

Address: _____ Hometown/ancestral town in Okinawa 出身地: _____

City _____ State _____ Zip _____ Phone _____

E-Mail (Please print clearly) 1. _____ 2. _____

There are three types of membership

1. Single Membership (個人会員) \$20
2. Family Membership (家族会員) \$30
3. Kariyushi Membership (かりゆし会員) Free (無料)

If you are 80+ years old by January 1, 2018, you qualify for FREE membership. *See details on back
2018年1月1日付けで、満80歳以上ですとかりゆし会員となり会費が無料です。*詳細は裏面をご覧ください

Please list all family members (dependents) included in this membership as well as their ages. The family members must be living at home or in school or up to 23 years old to be on same membership.

家族会員の氏名と年齢を記入して下さい。子供は同居、又は大学在学中の23歳迄です。

Name	Age	Name	Age

Donation to the Okinawa Kai is tax deductible. (沖縄会への寄付は税金控除対象になります)

Membership Fee \$ _____

Donation to General Fund (一般基金) \$ _____ (optional)

Donation to Education Fund (教育基金) \$ _____ (optional)

Total Enclosed \$ _____

*Make check payable to "**Okinawa Kai**" and send it by January 31, 2018

小切手は"沖縄会"宛にきって1月31日必着で下記の住所へ郵送して下さい) 新春会の当日はできるだけ避けてください。

(郵送先) Mail to: (please email okinawakai@okinawakai.org for mailing address)

Membership Directory Preference (会員名簿掲載項目)

Yes, I prefer to be listed in the membership directory. 会員名簿に載せる。
name, phone, E-mail, current town and state you live in, given name and hometown.
名前、電話番号、メールアドレス。現住所については州名と町名だけを載せる。旧姓と出身地。

No, I prefer to not be listed in the membership directory. 会員名簿に載せない。

*Children's info will NOT be listed in the directory. (子供の情報は掲載されません)

Deigo Shinpo Newsletter Preference (デイゴ新報の受け取り方) E-mail Hard copy (郵送)