

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

Membership runs from April 1 – March 31 of each year

Student Individual Family Institution Corporate Patron 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 | Membership Rate |
|--|-----------------|
| Student | \$25 |
| Individual | \$60 |
| Family (up to 4) | \$90 |
| Educational Institution (University or School) | \$300 |
| Corporate | \$500 |
| Patron | \$750 |
| 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.

** If you are joining at the Patron or Sponsor level, please also share a company logo with us.

Spouse Name _____ E-mail _____ Children _____

**If you are joining at the "Institution" "Corporate" "Patron" 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 submit 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 please contact us if you'd like to pay online but submit manual application.