



Japanese chamber of commerce of northern california

950 Tower Lane, Suite 345, Foster City, CA 94404 ♦ Tel: (650) 522-8500 ♦ Fax: (650) 522-8300 ♦ Email: mail@jccnc.org

ID: _____

APPLICATION FOR MEMBERSHIP

Membership fees are determined by size (number of fulltime employees in Northern California) and whether the corporation or its ultimate parent company is listed on a stock market. Annual fees will be prorated and invoiced along with a **\$50 ONE TIME PROCESSING FEE**. Membership fees are non-refundable.

REGULAR MEMBERSHIP

Name of Company: _____

Complete Address: _____

Telephone: _____ Fax: _____ Email: _____

Representative Name: _____ Title: _____

(In Kanji, if applicable): _____

Total number of fulltime employees: _____ Website: _____

Date of incorporation in U.S.A.: _____

Is the company or its ultimate parent company listed on Stock Market?: Yes No

Business description (up to 15 words): _____

Affiliated company abroad, if applicable: _____

Address: _____

Nature of affiliation:

- Subsidiary Agent
- Branch Office Licensee
- Representative Office Other: _____

How did you learn about JCCNC? _____

ASSOCIATE /SPECIAL MEMBERSHIP (Student*, Scholar, Retiree ONLY)

Name of Individual: _____

(In Kanji, if applicable): _____

Complete Address: _____

Telephone: _____ Fax: _____ Email: _____

*Educational Institution: _____

Applicant Signature: _____ Date: _____

FOR JCCNC USE ONLY Directors Signatures required:

1. _____ Print Name: _____

2. _____ Print Name: _____

3. _____ Print Name: _____