



APPLICATION FORM

Date: _____

To: Chairperson,
Inzai City International Friendship Association

I hereby apply to join your Association with the agreement to its objectives and activities.

I. Personal Records

Name*			Date of birth			Gender*	
Given Name	Middle Name	Family Name	Date	Month	Year	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address*			Nationality*			Religion*	
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			Phone*			Cell*	
Professionals		Specialties	Email Addresses*				
Hobbies		Terms living in Japan	Languages				

*Essential items to be filled up

II. Voluntary Activities

What would you like to do in IIFA?	Application for volunteer activities
	<input type="checkbox"/> Language Class () <input type="checkbox"/> Nihonngo
	<input type="checkbox"/> Cultural introducing <input type="checkbox"/> Cultural exchange
	<input type="checkbox"/> Host Family <input type="checkbox"/>
What Dept. would you like to belong to?	How will you involve in activities?
<input type="checkbox"/> General Affairs Dept.	<input type="checkbox"/> As a Director
<input type="checkbox"/> Accountant Dept.	<input type="checkbox"/> As an assistant for office work, events, and
<input type="checkbox"/> Public Relations Dept.	<input type="checkbox"/> Others
<input type="checkbox"/> Culture Exchange Dept.	
<input type="checkbox"/> Language Dept.	<input type="checkbox"/> No
Registration for a Host family	Proposals, if any
Language:	
No. of family members:	

Inzai City International Friendship Association will handle the above personal information carefully.