印西市国際交流協会

INZAI CITY
INTERNATIONAL FRIENDSHIP ASSOCIATION
CHIBA PREFECTURE, JAPAN

Ref. No:

Date: _____

To: Inzai City International Friendship Association

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

Membership Type (Please check) ☐ Individual ☐ Student (18 and older) ☐ Family
* If you are applying as a "Family Member", please enter the family representative registered as a member.
[ ]

Name	Date of Birth	/ /
	Gender	Male・Female・Non-binary
Address 〒		
Phone — —	Email	
Home Country/Region	Main Language Used	
Occupation	"Ribbon" Registration No.	
Reason for Joining (Select all that apply) ☐Participation in Management ☐Taking Language Courses ☐Taking Japanese Language Classes ☐Participating in Exchange Activities ☐Other:	Preferred Volunteer Activities (Select all that apply) ☐Board Member or Officer ☐Assistance with Administrative Tasks and Events ☐Operating Language Classes ☐Introducing My Home Country's Culture ☐None, or Undecided	
Volunteer Registration (Select all that apply) ☐Interpreting/Translation ☐Disaster Relief Volunteering ☐Host Family ☐Do not register	How did you hear about our Association? (Select all that apply) ☐The Association's Website, Newsletter or SNS ☐City's Newsletter and/or Website ☐Newspapers and/or Community Publication ☐Introduction by City ☐On the Recommendation of a Member or Friend	

Note:
The information provided by you will be used strictly for the Association's activities only.
Your information will not be shared with any outside parties.

(Revised in October, 2026)