

# ADMISSION/CONTINUATION APPLICATION FORM

FOR  
HACHIDORI-KAI,  
JAPANESE LADIES' ASSOCIATION OF TRINIDAD AND TOBAGO

Date :

Please check one.

- I am applying for admission to HACHIDORI-KAI.
- I am applying for the continuation to HACHIDORI-KAI in the next fiscal year.

NAME	In block letters
E-MAIL	
TEL	
SIGNATURE	

- ※ The enrollment period is from April 1st to March 31st.
- ※ If you leave the country permanently without notifying HACHIDORI-KAI, your membership will be terminated.
- ※ Your personal information will only be used for HACHIDORI-KAI.
- ※ The above e-mail address will be used for general meeting information etc.

## Office use only

Receipt  Done

Signature of Recipient : \_\_\_\_\_

Date of Receipt :