

Please type or block print the letter .

Application Form for the Sogetsu Teachers' Association
(New Member 新入会 / Reentry 再入会 / Renew 更新)

Membership No. _____

Name: _____
氏名 Mr./Mrs./Miss/Ms. _____

Address: _____
住所 _____

Country: _____

Phone: _____
電話 _____

Fax: _____

E-mail: _____

Date of Birth: _____
生年月日 _____

Gagoh: _____
雅号 _____

Your teachers name: _____
親先生の氏名 _____

Grade: _____
資格 _____

Your promotion date: _____
昇格日 _____

Teaching 指導あり

Do you belong to any Branch or SG?

Non-teaching 指導なし

Yes- _____ Branch / SG No

Membership dues to be paid: ¥ _____ Year 年度: _____
維持会費

*** PAYMENT METHOD 支払方法 *** (Please check the appropriate box)

Enclosed herewith: cash

Bank Transfer: (MUFG Bank, Ltd., Aoyamadori Branch, Account No. 0873878
SOGETSU FOUNDATION) Swift code: BOTKJPJT

Credit Card: VISA MASTER

Expiry Date / 有効期限: Month / 月 Year / 年 2 0

Credit Card No. / カード番号:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name on the Credit Card (PLEASE PRINT):

カード名義人 _____

Signature:

カード名義人署名 _____

Please return this sheet to Services for Membership Department, Sogetsu Foundation.

7-2-21 Akasaka, Minato-ku, Tokyo 107-8505 Tel: 81(3)3408-1120 Fax: 81(3)3405-4947

Office Only (do not fill this out) / 草月会記入欄

用紙受付日: _____ 承認番号: _____ 入金日(承認取得日): _____