



Japan America Society of Nevada

P.O. Box 81287, Las Vegas, NV 89180-1287
3225-B S. Rainbow Blvd., Ste. 206, Las Vegas, NV 89146-6500
Phone: (702) 425-8361 / Fax: (702) 248-1324 / Email: jasn_mail@yahoo.com

General Membership Application

Date : _____

Name: _____

Address: _____

City/State _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Work or Cell Phone: _____ (Optional)

Annual Membership Fee: Individual - \$50 Family - \$75 Student - \$25
(Please make check payable to Japan America Society of Nevada.)

Contact me to Volunteer for JASN events or programs: Yes No (Please circle)

Optional:

Where do you work? _____ Title: _____

Do you think your company would be interested in being involved with JASN? _____

Any additional comments: _____

Credit Card Authorization

The credit card listed below is authorized for payment(s). Please sign and return to JASN.

Charge to: (Circle One) Visa M/C AMEX

Credit Card # _____ Expiration Date: _____

Credit Cardholder Name: _____

Authorized Signature: _____

Total Credit Card will be Charged: \$ _____