



# Japanese chamber of commerce of northern california

1875 South Grant Street, Suite 760, San Mateo, CA 94402  
Tel: (650) 522-8500 • Fax: (650) 522-8300 • Email: mail@jccnc.org

ID: _____
Ck. No.: _____
Date Recd: _____
Amount: _____

## APPLICATION FOR MEMBERSHIP

Membership fees are determined by size (number of fulltime employees in Northern California) and whether the corporation or its ultimate parent company is listed on a stock market. Annual fees will be prorated and invoiced along with a **\$50 ONE TIME PROCESSING FEE**. Membership fees are non-refundable.

### REGULAR MEMBERSHIP

Name of Company: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

(In Kanji, if applicable): \_\_\_\_\_

Total number of fulltime employees: \_\_\_\_\_ Website: \_\_\_\_\_

Date of incorporation in U.S.A.: \_\_\_\_\_

Is the company or its ultimate parent company listed on Stock Market?:  Yes  No

Business description (up to 15 words): \_\_\_\_\_

Affiliated company abroad, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of affiliation:

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Subsidiary            | <input type="checkbox"/> Agent        |
| <input type="checkbox"/> Branch Office         | <input type="checkbox"/> Licensee     |
| <input type="checkbox"/> Representative Office | <input type="checkbox"/> Other: _____ |

### ASSOCIATE MEMBERSHIP (Student, Scholar, Retiree ONLY)

Name of Individual: \_\_\_\_\_

(In Kanji, if applicable): \_\_\_\_\_

Complete Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Signature: _____	Date: _____
----------------------------	-------------

### ***FOR JCCNC USE ONLY***

Directors Signatures required:

1. \_\_\_\_\_ Print Name: \_\_\_\_\_

2. \_\_\_\_\_ Print Name: \_\_\_\_\_

3. \_\_\_\_\_ Print Name: \_\_\_\_\_