



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**

Annual Dues will be determined by size (number of employees) and type of corporation. Please contact JCCNC for your annual membership dues amount. Fees range from \$600 to \$2,400 per year. Annual Dues will be prorated and invoiced including a **\$50 ONE TIME PROCESSING FEE.**

**REGULAR MEMBERSHIP**

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

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

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

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

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

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

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

Date of incorporation in U.S.A.: \_\_\_\_\_ Listed on Stock Market:  Yes  No

Type of business, in detail: \_\_\_\_\_

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

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

Nature of affiliation:

- Subsidiary  Agent
- Branch Office  Licensee
- Representative Office  Other: \_\_\_\_\_

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

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

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

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

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*FOR JCCNC USE ONLY*

Directors Signatures required:

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

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

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