

SAN FRANCISCO OKINAWA KENJIN KAI (SFOKK) MEMBERSHIP APPLICATION

サンフランシスコ沖縄県人会会員申し込み用紙

☐ New Membership (新規会員) Referred by: (ご紹介) _____

Check one: ☐ Mr. & Mrs. ☐ Mr. ☐ Mrs. ☐ Ms. Date (日付): _____

Last Name (姓): _____ First Name (名): _____

Spouse / Partner / Family Member's Name (i.e. son/daughter at **same address**) (同住所の配偶者、子供等の名前): _____

Street Address (現住所): _____

City: _____ State: ☐ CA or _____ Zip Code _____

Home Phone (電話番号): _____ Cell Phone (携帯電話): _____

Preferred Communication (i.e. for Tayui Newsletter) (たゆい等、SFOKK による広報の連絡方法):

☐ Mailing (郵送) ☐ On-line: Email Address (E メールアドレス): _____ ☐ Both (両方)

PLEASE LET US KNOW IF YOU DON'T WANT TO BE LISTED IN THE NEWSLETTER OR MEMBERSHIP ROSTER.

(ニュースレターやメンバー登録名簿等に記載を希望しない方はお知らせください。)

The following information is OPTIONAL: 下記の記入はご自由です

Your Hometown in Okinawa (出身地): _____

If you would like to volunteer or contribute to SFOKK, please list any skills or interests that you can share with us (i.e. dance/sing/entertain at annual events, stamp/mail or write articles for newsletter, assist at Shinnen-kai, Keiro-kai or other events, web design, graphics, donations for raffle, etc.). Thank you.

SFOKK の運営をお手伝い出来る方は是非下記へご記入してください。(年間行事における唄、踊り等への参加。広報誌郵送の際の切手貼り、郵送、又は記事の作成。新年会、桜まつり、敬老会等のイベント運営のサポート。ウェブサイトのデザイン及び作成。ラッフルへの寄付など。)

The annual cost of membership is **\$25.00** per family living at the **same address**. Please mail this completed form to the Treasurer (below) with check made payable to **SFOKK** (San Francisco Okinawa Kenjin-kai):

SFOKK 年会費は各ご家族(同じ住所にお住まい)ごとに**\$25** となっております。下記フォームにご記入の上チェック (Payable to SFOKK) を同封しお送り下さい。

Juli Kodani

549 Las Colindas Road

San Rafael, CA 94903



If you have any questions regarding membership, please phone 415-479-4214.

Rev. 1/2018

FOR INTERNAL USE ONLY:

Date Received: _____ ☐ Cash Check #: _____ Amount: \$ _____

Notes: _____