

# Membership application form of Nonprofit Organization FAITH (Supporting member)

Application date \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Dear Chairman of Nonprofit Organization FAITH

I agree with the purpose and business content of Nonprofit Organization FAITH, and apply for membership.

Membership type (Please select)	Annual fee	Unit of application	Contents
<input type="checkbox"/> Individual member	1,000yen/year	Unit	Individuals who agree with the purpose of the corporation, and provide financial support. No voting rights at the General Assembly.
<input type="checkbox"/> Organization member	10,000yen/year	Unit	Organizations who agree with the purpose of the corporation, and provide financial support. No voting rights at the General Assembly.

Transfer destination bank	Account number	Account holder
多摩信用金庫 八王子四谷支店 (Tama Shinkin Bank Hachioji-Yotsuya branch)	0549619	特定非営利活動法人 F A I T H トクヒ) フェイス

### [Member information of Individual]

Hiragana or Katakana name			Date of birth	Year
Full name			Month	Day
Address	Zip code / Postal code			
TEL		FAX		
E-mail				
URL				
Desired activity area				

### [Member information of Organization]

KATAKANA				
Organization name				
Address	Zip code / Postal code			
TEL		FAX		
E-mail				
URL				
Desired activity area				

1. Based on the Personal Information Protection Law, we will not provide personal information to third parties, without the consent of the person.
2. The due date of the membership fee is until the end of the membership fee delivery (end of March).
3. Membership will automatically continue if there is no request for withdrawal within the expiration date.
4. Please note that the membership fee once paid can not be refunded.

Secretariat use column	Accept		Payment		Registered member number	
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Nonprofit Organization FAITH

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