



JAPAN CLUB OF GUAM

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APPLICATION FORM FOR MEMBERSHIP

NAME(Mr. Mrs. Ms.) _____

MAILING ADDRESS _____

TEL _____ FAX _____

E-mail _____

Do you want to receive the information from Japan Club of Guam by email? (Yes/No)

SPECIALITY _____

HOBBIES _____

HOME TOWN _____

BOOKS YOU LIKE _____

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APPROVAL DATE _____ MEMBERSHIP FEE _____

SIGN BY OFFICE _____