

Application Form: Japanese Acupuncture Association of California (JAAC)

JAAC入会申込書

*Please fill out all of your information below. 下記の項目に書き込んでください。

Date of Apply 申請日: _____

Name: _____ Title: _____

(If Japanese, 名前: 姓: _____ 名: _____)

Occupation 職業: _____

Clinic Name 医院名: _____

Clinic Address 医院住所: _____

Home Address 住所: _____

Contact Phone # 連絡用電話: (_____) _____

Fax #: (_____) _____

*E-mail Address (required to become JAAC member メンバーになるには必須です):

How did you hear about JAAC どのようにJAACを知りましたか?

What do you expect from JAAC? JAACに何を期待しますか。

Note: It is your responsibility to provide complete, accurate, and truthful information.

Annual member's fee (鍼灸師): \$85/ Student member (学生): \$50

Office use only このボックスには記入しないで下さい。:

Received by	Date of received	Cash	Check	Credit Card

Please send this file to: saoriacupuncture@gmail.com 記入した用紙を左記へ送付下さい。