



NORTHERN CALIFORNIA OKINAWA KENJIN-KAI (NCOKK)

NEW MEMBERSHIP APPLICATION

ncokk.org

北カリフォルニア沖縄県人会会員申し込み用紙

New Membership (新規会員) Referred by: (ご紹介) _____ Renewal (更新会員)

Check one: Mr. & Mrs. Mr. Mrs. Ms. Today's Date (日付): _____

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

Spouse / Partner / Family Member's Name (i.e. son/daughter at **SAME ADDRESS**) (同居所の配偶者 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、NCOKK による広報の連絡方法):

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

IF YOU DO NOT WISH TO HAVE YOUR PERSONAL INFORMATION LISTED IN THE ANNUAL MEMBERSHIP ROSTER DISTRIBUTED TO MEMBERS, PLEASE LET US KNOW.
会員に配布される会員名簿に個人情報の掲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 NCOKK, 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 Shinnenkai, Keirokai or other events, web design, graphics, donations for raffle, etc.). Thank you.

NCOKK 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。If you have questions, phone 415-479-4214.



Juli Kodani
549 Las Colindas Road
San Rafael, CA 94903

I understand that by becoming a member I agree to adhere to the purpose and by-laws governing NCOKK.

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FOR INTERNAL USE ONLY:

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

Notes: _____