



NORTHERN CALIFORNIA OKINAWA KENJIN KAI (NCOKK)

NEW MEMBERSHIP APPLICATION

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) _____

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):

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 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 Shinnen-kai, Keiro-kai 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。



Juli Kodani
549 Las Colindas Road
San Rafael, CA 94903

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

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FOR INTERNAL USE ONLY:

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

Notes: _____