



# NORTHERN CALIFORNIA OKINAWA KENJIN-KAI (NCOKK)

## MEMBERSHIP APPLICATION

NCOKK website: [ncokk.org](http://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. child at **SAME ADDRESS**) (同住所の配偶者 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): \_\_\_\_\_ Maiden Name (旧姓) \_\_\_\_\_

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):

NCOKK 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.



Mail check to: Juli Kodani, 549 Las Colindas Road, San Rafael, CA 94903

You can also pay by **Venmo or PayPal** @NCOKK or [ncokk2020@gmail.com](mailto:ncokk2020@gmail.com). (Check for Friends & Family and **NOT** for goods & services.)

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

Rev. 1/2025

**FOR INTERNAL USE ONLY:**

Date Received: \_\_\_\_\_  Cash  Check #: \_\_\_\_\_  Venmo  PayPal Amount: \$ \_\_\_\_\_

WL  AC  E  ML \_\_\_\_\_