Please type or block print the letter .

Application Form for the Sogetsu Teachers' Association
(New Member 新入会 / Reentry 再入会 / Renew 更新)

Membership No. _____

Name: 氏名 Mr./Mrs./Miss/Ms. _____

Address: 住所 _____

_____ Country: _____

Phone: 電話 _____ Fax: _____

E-mail: _____ Date of Birth: 生年月日 _____

Gagoh: 雅号 _____ Your teachers name: 親先生の氏名 _____

Grade: 資格 _____ Your promotion date: 昇格日 _____

□ Teaching 指導あり

□ Non-teaching 指導なし

Do you belong to any Branch or SG?

□ Yes- _____ Branch / SG □ No

Membership dues to be paid: 維持会費 ¥ _____ Year 年度: _____

＊PAYMENT METHOD 支払方法＊ (Please check the appropriate box)

□ Enclosed herewith: □cash

□ Bank Transfer: (MUFG Bank, Ltd., Aoyamadori Branch, Account No. 0873878
SOGETSU FOUNDATION) Swift code: BOTKJPJT

□ Credit Card: □VISA □MASTER

Expiry Date / 有効期限: Month / 月 □□ Year / 年 2 0 □□

Credit Card No. / カード番号:

□□□□—□□□□—□□□□—□□□□

Name on the Credit Card (PLEASE PRINT): カード名義人 _____

Signature: カード名義人署名 _____

Please Email this sheet to Services for Membership Department, Sogetsu Foundation.
e-mail: members@sogetsu.or.jp

Office Only (do not fill this out) / 草月会記入欄

用紙受付日: _____ 承認番号: _____ 入金日(承認取得日): _____