

NAME:

Japan America  
Society of Minnesota



MEMBERSHIP CATEGORY	AMOUNT
Family	\$50
Individual	\$30
Student / Senior	\$20

Please pay by credit card or enclose check payable to JASM and return renewal form below to:

Japan America Society of Minnesota  
Riverplace Suite EH-131  
43 Main Street SE  
Minneapolis, MN 55414-1031

TEL: 612-627-9357    jasm@us-japan.org  
FAX: 612-379-2393    http://www.mn-japan.org

JASM is designated 501(c)(3) by the Internal Revenue Service. Federal ID: 23-7259977

Annual membership and additional donations are tax-deductible. Keep top portion of this invoice for your records.

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**Japan America Society of Minnesota Annual Membership Renewal Form**

Name:

Renewal Date: March 2019

Current Email Address: \_\_\_\_\_

	AMOUNT	
Desired Membership Level: <input type="checkbox"/> Student <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Senior	\$	<input type="checkbox"/> Change of address: _____ _____ _____ _____ _____
Additional donation to: Japan America Society of Minnesota	\$	
Contributing Donation: \$100	\$	
Sustaining Donation: \$500	\$	
Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex		
Card Number: _____ Expiration: __/ __		<input type="checkbox"/> Please include my name in the list of volunteers  <input type="checkbox"/> I prefer a paper copy of the newsletter
Signature: _____		
<b>TOTAL ENCLOSED</b>	\$	