

OKINAWA TOMONO KAI OF OHIO

Membership Form

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ E-MAIL: _____

HOME PHONE: _____ CELL PHONE: _____

Do you want your information included in the membership directory: (circle one) Yes No

Where is your hometown in Okinawa or Japan: _____

Please list all family members included in this membership as well as their ages here. Family members must be living at home or be in school or university to be on the same membership.

Please list family members

Name	Age	Name	Age	Name	Age

The Okinawa Tomono Kai of Ohio determines qualifications for membership as set forth in the bylaws. Social memberships need not be of Okinawan descent.

Type Membership Requested

- Family Membership Annual Dues \$20
- Single membership Annual Dues \$15
- Second generation membership Annual Dues \$10 - A parent must be a member.
- Social Membership Annual Dues \$20 - Requires two Kai sponsors.

Sponsor _____

Sponsor _____

Amount Paid \$ _____

Optional Donation: \$ _____

Total Amount Paid: \$ _____

Annual dues are used to pay for rental of meeting rooms, food and beverages, for events, operating expenses, new letter printing and postage.

Please make check payable to: Okinawa Tomono Kai of Ohio.

Mail to: Okinawa Tomono Kai of Ohio
PO Box 6001
Hilliard, OH 43026

Office use: Date Received _____ Member # _____

Cut along dotted line and keep as your receipt

Member Name _____ Amount Paid \$ _____ Date Paid _____

Paid to _____ How Paid (check one) Cash Check Mailed Check