

JACL MEMBERSHIP APPLICATION

BERKELEY
Chapter Name

Please print clearly

Name of New Member: _____
Title First MI Last Name

If renewing, please check here: Membership number: _____

Spouse's Name (For Couple Membership) _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: (____) _____

Membership Category (please check the box):

Categories	National Dues	Chapter Dues	Total
<input type="checkbox"/> Youth	\$25 +	\$ 5 =	\$ 30
<input type="checkbox"/> Individual	\$60 +	\$ 5 =	\$ 65
<input type="checkbox"/> Couple/Family	\$105 +	\$ 5 =	\$ 110
<input type="checkbox"/> Thousand Club	\$100 +	<input type="checkbox"/> =	\$ 100

Amount enclosed: \$ _____

For other membership categories (Thousand Club Life Trust, Century Life Trust or Millennium Club), please contact us via email: berkeley@jacl.org or snail mail to our PO Box listed below.

Gifted or Referred by (Please circle one)

Name _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: (____) _____

Make check payable to chapter and mail to:

Berkeley JACL
Attn: Membership
P.O. Box 7609
Berkeley, CA 94707-0609

Credit Card Number _____ exp. _____

Authorizing signature: _____ Telephone (____) _____

Please allow 4-6 weeks processing time after National JACL receives payment.

Thank you for your support of the Japanese American Citizens League (JACL)

JACL motto: "For Better Americans in a Greater America"