



## Membership Form - 2026

Please **PRINT** all information and place an asterisk (\*) by your preferred method(s) of contact.

Name: \_\_\_\_\_ Mr./Mrs./Miss/Ms.(Please circle)  
Last First Middle Initial (Please show all names for family membership)

Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Cell Phone(s)

E-mail Address(es): \_\_\_\_\_

I consent to the above information being published to **JCCA members only**: Yes \_\_\_ No \_\_\_  
I prefer \_\_\_ day or \_\_\_ evening meetings/events, and \_\_\_ weekday, \_\_\_ Saturday, or \_\_\_ Sunday meetings/events.  
Activities and objectives I would like to see the JCCA pursue (*continue on reverse*): \_\_\_\_\_

Position(s), responsibility(ies), or activities for which I would like to volunteer (*continue on reverse*): \_\_\_\_\_

**Annual Membership & Donations: \$35 Individual \$50 Family \$25 Student/Senior (62+)**

**Please make payment online below, or check payable to: the Japanese Culture Club of Arizona**

**Return form and check to:**

Japanese Culture Club of Arizona

4635 S Lakeshore Dr., Suite 312, Tempe, AZ 85282

Email this Membership Form back to [jccofaz@gmail.com](mailto:jccofaz@gmail.com)

OR

Use QR code for Zelle payment, Chase Bank, use, [japanesecultureclubofarizona@gmail.com](mailto:japanesecultureclubofarizona@gmail.com)

ありがとうございました！



Thank you!