

To: Japan Sport Wellness Fukiya Association

Application to become a Member

(For Ordinary, Junior, Disabled)

I hereby apply to become a member

Date Month Year

Name	Birthday			Sex	(Association's use)
	Date	Month	Year	Male	Membership No
Representative Member Yen3,000 equivalent				Female	
Name	Birthday			Sex	(Association's use)
	Date	Month	Year	Male	Membership No
Family Member Yen1,500 equivalent				Female	
Name	Birthday			Sex	(Association's use)
	Date	Month	Year	Male	Membership No
Junior Member Yen500 equivalent				Female	
Name	Birthday			Sex	(Association's use)
	Date	Month	Year	Male	Membership No
Disabled Member Yen1,500 equivalent				Female	
Name	Birthday			Sex	(Association's use)
	Date	Month	Year	Male	Membership No
Disabled Family Member Yen1,000 equivalent				Female	

Address	Postal Code		Tel	
			Fax	
			Mobile	
			E-mail	

How did you know Sport Wellness Fukiya?
 1. Friend, acquaintance, famili member 4. Web site
 2. Newspaer, Television etc. 5. Others ()
 3. Magazine, Book

* In case of adding new family member, please write Name and Membership No. of Representative Member.
 * Please write name and birthday of family member to be applied newly in the 2nd column of the above.

Name of Representative Member	Memberaship No.

* In case of applying a minor as Junior member, please fill out following written condnsent by a gurdian.

Written Consent	Date	Month	Year

The undersigned hereby agreed that a minor becomes Junior Member of The Association

Name of Gurdian	Seal or Signature

Please send an application form to Japan Sport Wellness Fukiya Association by post, facimile, e-mail:
 Kuramochi Daiichi Building, 2-3-7, Kotobashi, Sum Tel 03— Fax 03—
 Tokyo 130-0022 Japan E-mail info@fukiya.net
 Attention: International Department HP http://www.fukiya .net/