



# Diablo Japanese American Club Membership Form

3165 TREAT BLVD. CONCORD, CA 94518 (925) 682-5299

2010  
to  
2011

**Instructions:** Please complete this entire form and return to the address below. **NOTE:** JA Club annual dues are 1) NOT refundable, 2) effective from October 1st to September 30th and 3) due no later than October 31<sup>st</sup> for the ensuing year (or a \$25 late fee is assessed).

## Membership Type (check one)

Membership Type	Initiation Fee	Annual Dues	Total
<input type="checkbox"/> New Regular Member/Family	\$60	\$30	\$90
<input type="checkbox"/> Regular Renewal (non-senior)	N/A	\$30	\$30
<input type="checkbox"/> New Senior/Family (70 years and older)	\$30	Waived	\$30
<input type="checkbox"/> Update Active Member Contact Info Only	N/A	N/A	N/A

## Club Affiliations (check all that apply)

**Note:** Listed clubs may charge dues in addition to the above JA Club fees and dues

Club	Contact	Club	Contact
<input type="checkbox"/> Athletic Club	C. Tamichi (822-7421)	<input type="checkbox"/> Kendo Club	M. Espinosa (825-3676)
<input type="checkbox"/> Buddhist Fellowship*	S. Akiyama (256-6746)	<input type="checkbox"/> Nippono Gakuen (Japanese School)	R. Johnson (945-1537)
<input type="checkbox"/> Higashi Howakai*	E. Kaida (685-7646)	<input type="checkbox"/> Adult Basketball - Mens	M. Nakamura (673-0801)
<input type="checkbox"/> Oakland Howakai*	H. Mori (825-7013)	<input type="checkbox"/> Taiko Club	S. Nishizaka (510-758-6055)
<input type="checkbox"/> Gardeners' Club	J. Nishizawa (372-6915)	<input type="checkbox"/> Shinwa-Kai	S. Akiyama (256-6746)
<input type="checkbox"/> Ikenobo Club	Y. Kino (935-2844)	<input type="checkbox"/> Co-Ed Exercise Club	M. Wakayama (798-6519)
<input checked="" type="checkbox"/> JA Club	J. Shindo (356-2996)		
<input type="checkbox"/> Judo Club	C. Hisaka (827-1870)		

• JA Club annual dues are waived for these club affiliations only; all others pay annual dues per membership type above

## Member Contact Information (Please complete in full)

For Shinwa-Kai members or others over 60, please include your date of birth (DoB)

Name of Applicant:	DoB (Shinwa-Kai):
Occupation (Optional):	
Name of Spouse:	DoB (Shinwa-Kai):
Street Address:	
City and State:	Zip Code:
Telephone Number:	
E-mail Address:	Unless requested, the JA Club Newsletter will be sent by e-mail

Children(s) Name	Birthdate (MM/DD/YY)	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please make check payable to **Diablo JA Club** and send to: **Sheryl Nakamura 4048 Meadow Lake Street Antioch, California 94531** Phone: (925) 706-8837 Email: ssnakamu@yahoo.com