orm No. 1 (rega	arding Art. 4)) *For Individual	Members	;	
		D	ate	
			/	/
	Year	/ Month /	Day	
the Chairman	of Miyako International Assoc	iation		
	·			
	APPLICAT	ION FO	RM	
Please make sure	e you have read the articles of the As	sociation a	nd agı	reed to it before filling in the form.
*Name	Surname	١	Name	
(in Japanese or alphabet)				
*Address	Zip Code			
*Date of	1 1	Sex		Male / Female
Birth	Year / Month / Day			IVIAIC / I CITIAIC
	□1. Elementary school / junior high school student	* Telephone Mobile phone E-mail Do you want to receive information by e-mail? Nationality		
	□ 2. High school student			
*Profession	☐ 3. University student and other type of student			
	□ 4. Office worker / public			
	servant			4
	□ 5. Part-timer □ 6. Self-employed			
	□ 7. Unemployed			/
	□ 8. Other			
(Items with * ar	e required to fill in)			
I agree to the an	ticles of the Association to become	*Cianatur		
a member		*Signatur	е	
	-			
< Reserved for	or the secretariat>			
Membership		□Restitution of ID card		
No.				Driving license / insurance card /
Received by		Type of ID		student card / residence card / other
Input by		ID card N	۱o.	

