

ASSOCIATE MEMBERSHIP APPLICATION



APPLICANT INFORMATION

Application type: *(Please circle)* **NEW** **RENEWAL** **CHANGE OF INFORMATION**

Organization Name:

Current address:

City:	Pref:	ZIP Code:
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Main Activity: *(example: book publishing)*

Website URL:

PRIMARY CONTACT INFORMATION

Primary Contact:

Contact Address: *(if different from above)*

City:	Pref:	Zip Code:
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Position:	Tel:	Fax:
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E-mail: _____ *Note: Email is most important.*

TYPE OF MEMBERSHIP (SEE AM TERMS OF AGREEMENT FOR DETAILS)

- Choose Type:
(Check one; rates shown are for one year)
- Presenting (¥120,000)
- Displaying (¥100,000)
- Supporting (¥80,000)
- AM Sampler (¥130,000 / For first time applicants only)

SIGNATURES

Samples of signatures or hanko for verification purposes

Signature of applicant:	Sample Hanko:
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OFFICE USE ONLY

Approved by

Programs:	Treasury:	Business:
Date:	Date:	Date:
Date Received:	Date Approved:	Database input:
Customer No.	Term:	