

Japan America Society of Minnesota Corporate Membership Form

Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Internet Home Page Address _____

Main Contact Name _____ Title _____

E-mail Address _____

Names of additional employees you wish to receive membership benefit

_____ / _____ / _____ / _____

Corporate Membership Category

- Benefactor \$3,000
- Patron \$2,000
- Sustaining \$1,000
- Contributing \$500
- Non-profit \$100

JASM membership is renewed annually on your anniversary date and will continue in effect from year to year unless terminated in written notice.

Please provide a 25-word description of your company's products and services as you wish it to appear on the JASM website. Company name, address and telephone/fax will appear with all descriptions. More than 25 words will be edited at our discretion.

Signature _____ Date _____

**Japan America Society of Minnesota
Riverplace EH-131, 43 Main Street SE, Minneapolis, MN 55414-1031**