



JAPANESE CANADIAN
CULTURAL CENTRE
日系文化会館

6 Garamond Court
Toronto, ON M3C 1Z5
www.jccc.on.ca

MEMBERSHIP APPLICATION

Name: Mr/Mrs/Ms/Dr _____

Address: _____ Apt. No. _____

City: _____ Prov. _____ Postal Code _____

Home Tel: _____ Bus. Tel: _____

E-mail: _____

Signature: _____ Date: _____

**Family applications, please complete the following:*

Spouse's Name: _____

Names of Children _____ Dates of Birth:(MM/DD/YY)

1. _____ / _____ / _____

2. _____ / _____ / _____

☐ I would like to receive Planned Giving/Estate Planning Information

☐ New Member ☐ Renewal in the following category:

Regular Member

- ☐ Individual (18 and over) \$33.90/yr
☐ Family* (incl. Children 17 and under) \$56.50/yr

Senior Member

- ☐ Senior (65 and over) \$22.60/yr
☐ Senior Family* \$39.55/yr

Above fees include HST

Supporting Member (includes applicable membership due, please indicate membership category from above)

- ☐ Partner \$150/yr
☐ Leader \$500/yr
☐ Ambassador \$1,000/yr

I'd like to receive the newsletter by:

- ☐ e-mail (valid e-mail address required) ☐ regular mail

In addition to my membership fees,
Please accept my donation of \$ _____
A charitable receipt will be issued for donations over \$10.00

I have enclosed

- ☐ a cheque ☐ VISA ☐ MC ☐ Amex for \$ _____

VISA/MC/Amex card # _____

Security Code # _____ expiry date _____

(Cardholders may also register by fax 416-441-2347 or phone 416-441-2345)

FOR OFFICE USE ONLY

MEMBERSHIP NO. _____ EXPIRY DATE _____ RECEIPT NO. _____ AMOUNT _____ DATE _____

REGISTERED CHARITY # 118972967RR0001