

AIT Membership Application Form

Office use only (Date applied 月 日)

TYPES	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FOR GIFT Please fill below if you wish to purchase a Gift Membership. CARDHOLDER'S NAME : ADDRESS :
CATEGORIES	<input type="checkbox"/> SUPPORT (10,000 yen) <input type="checkbox"/> HOUSE (20,000 yen)
NAME	
ADDRESS	〒
DATE OF BIRTH	(dd/mm/yyyy)
TITLE	MS./MRS./MR./DR.
HOME PHONE	
FAX	
MOBILE PHONE	
E-MAIL	
METHOD OF PAYMENT	<input type="checkbox"/> AIT OFFICE <input type="checkbox"/> BANK TRANSFER