



The Japan-America Society of Washington, DC
JAPANESE LANGUAGE SCHOOL

**2008 Winter Semester: January 21- March 28
 (No Classes: February 18)**

Name: {Mr. / Ms.} _____ Email: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Address: _____
Street City State ZIP

Class Choice: 1st _____ Need textbooks? {Yes / No} 2nd _____ Need textbooks? {Yes / No}

Membership: {New / Current / Renewing} for {Student / Senior / Individual / Family / Sustaining}

Corporate: Company Name: _____ Not a member

\$ _____ Tuition

\$ _____ Non-refundable late fee

\$ _____ Textbooks

\$ _____ Membership dues

Payment Method:

Cash Check MasterCard Visa

Card #: _____ Exp.: _____ / _____
Month Year

Security Code: _____

\$ _____ **Total Amount Enclosed** Card Holder's Name: _____ Signature: _____

Please confirm my registration by: e-mail fax post mail

Office Use Only
 Text(s) Picked up on ____/____/____

Mem: Current / NM
 New / Renewal DB entered on ____/____/____