



The Japan-America Society of Washington, DC

JAPANESE LANGUAGE SCHOOL

2007 Fall Semester: September 24—December 6, 2007

(No Classes: October 8, November 12, November 19-23)

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: _____

Text(s) Picked up on ____/____/____

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