

Yes! Something can be done! We would like to help.



Japanese Social Services

6 Garamond Court, Suite 235, Toronto, Ontario M3C 1Z5
Tel: 416-385-9200 Fax: 416-385-7124
Email: info@jss.ca Website: www.jss.ca

会員登録・更新および寄付金申請用紙 Supporting Membership Registration / Renewal and Donation Sheet

日付 / Date			
名前 / Name	Mr./Mrs./Ms./Dr./Rev. /Pr.		
	Mr./Mrs./Ms./Dr./Rev. /Pr. (for Partner)		
法人・非営利団体名 / Name of Corporation/Organization			
住所 / Address	Street		Apt. / Unit / Suite
	City	Province Ontario	郵便番号 / Postal Code
電話 / Tel	携帯 / Cell	電話 / Business	
E-Mail			

* 会費及び寄付金は免税の対象/Supporting membership and donations are tax deductible.
10ドル以上のお支払い金額に対しては、全て領収書を発行いたします。もし、領収書をご入用でない場合、次の欄にチェックを入れて下さい。Tax receipts will be sent for payments of 10 dollars or more. If you do not need to receive tax receipts, please check the following box.

不要/No

JSS 会費種別 (Supporting Membership Categories)

会費/Membership Fee

- | | | |
|---------------------------------|---|---|
| ❖ 個人会員/Individual Membership | <input type="checkbox"/> 1 Year <u>\$25.00</u> | <input type="checkbox"/> 2 Years <u>\$40.00</u> |
| ❖ 家族会員/Family Membership | <input type="checkbox"/> 1 Year <u>\$40.00</u> | <input type="checkbox"/> 2 Years <u>\$70.00</u> |
| ❖ 会社/Corporation Organization | <input type="checkbox"/> 1 Year <u>\$250.00</u> | |
| ❖ 非営利団体/Non-Profit Organization | <input type="checkbox"/> 1 Year <u>\$100.00</u> | |

お支払い金額/Amount of payment

In-Kind

寄付金/Additional Donation: \$ _____

現金/Cash

合計/Total Amount: \$ _____

小切手/Cheque

支払い先/ Payable To: **Japanese Social Services**

Charitable tax number: 133388710RR0001

◆ニュースレターにお名前を掲載してもいいですか？

May we publish your name as a member or/and a donor in our newsletter?

- はい/Yes
 いいえ/No

◆ニュースレターは、どのような方法での受け取りを希望されますか？

How would you like to receive our newsletter?

- 連絡不要 (No notification necessary)
 E-mail で連絡を受け取る (with E-mail notification): ウェブサイトで閲覧 / Read it on "www.jss.ca"
 郵送/Mail: 郵送で受け取る / Receive it by Mail