

ASSOCIATE MEMBERSHIP APPLICATION



APPLICANT INFORMATION

Application type: *(Please circle)* NEW RENEWAL CHANGE OF INFORMATION

Organization Name:

Current address:

City:

Country :

ZIP Code:

Main Activity: (example: book publishing)

Website URL:

PRIMARY CONTACT INFORMATION

Primary Contact:

Contact Address: *(if different from above)*

City:

Pref:

Zip Code:

Position:

Tel:

Fax:

E-mail:

Note: Email is most important.

TYPE OF MEMBERSHIP (SEE AM TERMS OF AGREEMENT FOR DETAILS)

Choose Type:

(Check one; rates shown are for one year)

☐ Presenting (¥120,000)

☐ Displaying (¥100,000) ☐ Supporting (¥80,000)

☐ AM Sampler (¥130,000 / For first time applicants only)

☐ Lifestyle (¥50,000 / For non-education related companies only)

SIGNATURES

Samples of signatures or hanko for verification purposes

Signature of applicant:

Sample
Hanko:

OFFICE USE ONLY

Approved by

Programs:

Treasury:

Business:

Date:

Date:

Date:

Date Received:

Date Approved:

Database input:

Customer No.

Term: