



**Japanese/Australian
Catering & Restaurant
Information Services Incorporated**

Phone (02) 9212 2302 Fax: (02) 9212 2690
Level5 Suite36, 301 Castlereagh Street, Sydney NSW 2000
Web: <http://jacris-inc.org> Email: info@jacris-inc.org

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

メンバーシップ申請書

1. Applicant (申請者)

I,
Full name of applicant (氏名)

of
Address (住所)

.....
Company name (会社名)

hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

上記の通り JACRIS メンバーシップの申請をいたします。入会が承認された際には、JACRIS のルールを遵守することに同意いたします。

.....
Signature of applicant (申請者サイン)

.....
Date (日付)

2. Proposer (推薦者)

As committee members of the association, we nominate the applicant for membership of the association. 私達はコミッティーメンバーとして上記申請者を JACRIS メンバー加入者に推薦いたします。

.....
1. Full name of proposer

.....
Date (日付)

.....
2. Full name of proposer

.....
Date (日付)

.....
3. Full name of proposer

.....
Date (日付)

.....
4. Full name of proposer

.....
Date (日付)

.....
5. Full name of proposer

.....
Date (日付)