



JAMSNET-CANADA

JAPANESE MEDICAL SUPPORT NETWORK IN CANADA

MEMBERSHIP APPLICATION

Please fill out the following and send with a cheque to JAPANESE MEDICAL SUPPORT NETWORK IN CANADA.

Payable To: JAPANESE MEDICAL SUPPORT NETWORK IN CANADA

Mailing Address: 11 Riverlands Ave., Markham, ON L6B 1B5

Name: Mr / Mrs /Ms / Dr _____

Name of Corporation / Organaization: _____

Address: Street _____ Apt. / Unit / Suite _____

City _____ Province _____ Postal Code _____

Tel : _____ Business Tel : _____

E-mail: _____

Signature: _____ Date: _____

Supporting Membership Fee

Individual: N/A (Voluntary donation would be appreciated.)

Not-for-profit corporation : \$ 100 / yr

Profit corporation : \$ 250 / yr

Additional Donation : \$

Total Amount : \$

A charitable receipt will be issued for donations over \$10.00.

FOR OFFICE USE ONLY

MEMBERSHIP NO: _____ EXPIRY DATE: _____

RECEIPT NO: _____ AMOUNT: _____ DATE: _____

The Charity's Registration Number: 702990128RR0001

<http://www.jamsnetcanada.org/>