



Diablo Japanese American Club Membership Form

3165 TREAT BLVD. CONCORD, CA 94518 (925) 682-5299

2022
to
2023

Instructions: Please complete this entire form and return to the address below. **NOTE:** JA Club annual dues are 1) NOT refundable, 2) effective from October 1st to September 30th and 3) due no later than October 31st for the ensuing year (or a \$25 late fee is assessed).

Membership Type (check one)

Membership Type	Initiation Fee	Annual Dues	Total
<input type="checkbox"/> New Regular Member/Family	\$60	\$30	\$90
<input type="checkbox"/> Regular Renewal (non-senior)	N/A	\$30	\$30
<input type="checkbox"/> New Senior/Family (70 years and older)	\$30	Waived	\$30
<input type="checkbox"/> Update Active Member Contact Info Only	N/A	N/A	N/A

Club Affiliations (check all that apply)

Note: Listed clubs may charge dues in addition to the above JA Club fees and dues

Club	Contact	Club	Contact
<input type="checkbox"/> Athletic Club	G. Lee (899-4153)	<input type="checkbox"/> Kendo Club	M. Espinosa (825-3676)
<input type="checkbox"/> Buddhist Fellowship*	S. Akiyama (256-6746)	<input type="checkbox"/> Nippongo Gakuen	B. Sugimoto
<input type="checkbox"/> Higashi Howakai*	E. Kaida (685-7646)	(Japanese School)	(925-391-1117)
<input type="checkbox"/> Oakland Howakai*	C. Fujinaga (684-7686)	<input type="checkbox"/> Mens Basketball: Under 40	K. Velotta (562-822-8717)
<input type="checkbox"/> Ikenobo Club	P. Baba (299-0110)	<input type="checkbox"/> Mens Basketball: Over 40	G. Lee (899-4153)
<input type="checkbox"/> JA Club	M. Arbelbide (783-4398)	<input type="checkbox"/> Taiko Club	L. Carlson (938-2716)
<input type="checkbox"/> Judo Club	C. Hisaka (827-1870)	<input type="checkbox"/> Shinwa-Kai	S. Akiyama (256-6746)
		<input type="checkbox"/> Co-Ed Exercise Club	J. Aono (689-2083)

- JA Club annual dues are waived for these club affiliations only; all others pay annual dues per membership type above

Member Contact Information (Please complete in full)

For Shinwa-Kai members or others over 60, please include your date of birth (DoB)

Name of Applicant:	DoB (Shinwa-Kai):
Occupation (Optional):	
Name of Spouse:	DoB (Shinwa-Kai):
Street Address:	
City and State:	Zip Code:
Telephone Number:	
E-mail Address:	Unless requested, the JA Club Newsletter will be sent by e-mail

Children(s) Name	Birthdate (MM/DD/YY)	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Applicant: _____ Date: _____