

JORTC

Membership Application

Membership Type

- Full member
- Supporting member
- Supporting Organization

Applicant Details

Date : _____

Full Name : _____

Date of Birth : _____ Gender : Male Female

Occupation : _____

Business Address : _____

City : _____ State : _____ Zip : _____

Country : _____

Phone : _____ Fax : _____

E-mail : _____

※JORTC membership is valid from the day we receive the application and the fees.
JORTC considers the day we accept the application and receive the fess as the initial
date of valid membership.

Nonprofit Organisation JORTC

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