

Supporting Member Application Form

Fill out the necessary information below and return it by post, fax or E-mail.
We will send a transfer to you.

| | |
|----------------|---|
| Name | |
| Furigana | |
| Gender | Male / Female |
| Date of Birth | (Year) _____ (Month) _____ (Date) _____ |
| Postal Code | |
| Address | |
| Tel | |
| Fax | |
| E-mail (PC) | |

You want to receive the 'Plaza News' by ;

- Mail (English + Japanese / Chinese / Korean)
 E-mail (All four languages)

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