

# MEMBERSHIP FORM

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## OKINAWA ASSOCIATION OF AMERICA, INC.

### “HOKUBEI OKINAWA KENJINKAI”

16500 S. WESTERN AVENUE, SUITE #203

GARDENA, CA 90247

(310) 532-1929

[www.aaamensore.org](http://www.aaamensore.org)

[mensore@earthlink.net](mailto:mensore@earthlink.net)

<input type="checkbox"/>	Married Couple	\$30
<input type="checkbox"/>	Single	\$20
<input type="checkbox"/>	80+ years	FREE

### Please Print

\_\_\_\_\_  
Last Name First Middle

\_\_\_\_\_  
Occupation / / DOB Birthplace (City, Town, Village)

\_\_\_\_\_  
Spouse's Name First Middle

\_\_\_\_\_  
Occupation / / DOB Birthplace (City, Town, Village)

\_\_\_\_\_  
Mailing Address City State Zip Code

( )  
TEL E-Mail Okinawa Ancestral Hometown

### Children

\_\_\_\_\_  
Last Name First Middle / / DOB or age Residence State

\_\_\_\_\_  
Last Name First Middle / / DOB or age Residence State

\_\_\_\_\_  
Last Name First Middle / / DOB or age Residence State

\_\_\_\_\_  
Last Name First Middle / / DOB or age Residence State

### Grandchildren

\_\_\_\_\_  
Last Name First Middle / / DOB or age Residence State

\_\_\_\_\_  
Last Name First Middle / / DOB or age Residence State

\_\_\_\_\_  
Last Name First Middle / / DOB or age Residence State

\_\_\_\_\_  
Last Name First Middle / / DOB or age Residence State

### Notes

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Please make checks payable to “OKINAWA ASSOCIATION OF AMERICA, INC.”

Revised January 2010