

The Association of Comprehensive Studies for Independence of the Lew Chewans: ACSILs

- Register Application Form -

Date (yyyy/mm/dd) : _____ / _____ / _____

Acknowledging and supporting the objectives of the ACSILs that is of the Lew Chewan peoples, by the Lew Chewan peoples, and for the Lew Chewan peoples, I would like to apply for membership for the ACSILs.

Name (Print)	(Family Name)	(Given Name)	(Middle Name)
Signature			
Home Address	<input type="checkbox"/> <input type="checkbox"/> TEL: _____ <input type="checkbox"/> FAX: _____		
Affiliation Title/Position	<input type="checkbox"/>		
Affiliation Address	<input type="checkbox"/> <input type="checkbox"/> TEL: _____ <input type="checkbox"/> FAX: _____		
Mailing Address	<input type="checkbox"/> 1. Home Address <input type="checkbox"/> 2. Affiliation Address		
Email	<input type="checkbox"/>		
Homepage	<input type="checkbox"/>		
Area of Interest (Keywords)	1. 2. 3. 4.		

Note 1) We do not use your information above except the activity of the ACSILs.

Note 2) If there are items you do not wish to disclose on the membership list, please check the box shown above.

Note 3) The minimum annual membership fee is ¥2,000 (JPY) / \$20 (USD).

Application Address

Address: #5517, 2-6-1 Ginowan, Ginowan city, Ryukyu (Okinawa) 901-2701 (Japan)
 Voice: +81-50-3383-2609 (Please leave your message.) Fax: +81-50-3383-2609
 Email: info@acsils.org
 Homepage: www.acsils.org

【Association Office Use】

Reception Date : _____ / _____ / _____

Acceptance Date : _____ / _____ / _____

Membership Date Base

Account Book Data Base

Editorial Committee