Registration No.:
Received by:



Iwate International Association

Iwate International Supporters - Registration Form

*Ple	ase fill in all tl	he boxes.	Date: / / 20		
Write in katakana			Date of	day: mo	onth: year:
Name			Birth		_ years old
Address		Postcode: -	Gender	Male	• Female
			Occupation		
			Place of	(Country)	(Region)
			Origin		/
International		(If you're a member of an international exchange group, write		• • • I (Onner language(s) you are intent in) I	
		its name here)	Native Language /other languages		
Exchange Group			fluent in		/
Telephone	Home		_	e this inform Yes	ation to clients?
	Mobile			Yes	□ No
Fax				Yes	□ No
E- mail	PC			Yes	□ No
	Mobile	Set your phone to accept mail from "@iwate-ia.or.jp".		Yes	□ No
Daytime contact method (select multiple)		☐ Phone (Home) ☐ Phone (Mobile) ☐ Fax ☐ E-mail (Mobile) ☐ E-mail (PC)			
Iwate International Association Mailing List		\square I'm already on the list \square Join the list \square Do not join the list			
This section to be filled in by Iwate International Association staff.					

* Regarding personal information.

The Iwate International Association will protect your personal information in accordance with its official regulations.

The information entered on this form will be used for the Association's activities. It will not be shown or sold to a third party without your permission.