

MEMBERSHIP FORM - PLEASE PRINT & MAIL Japanese American Citizens League

Join the nation's oldest and largest Asian American civil rights organization and the Japanese American community in the movement for justice!

YOUR INFORMATION				
Title: First Na	ıme(s):			
Last Name(s):			Suffix:	
Street Address:				
City:	State:_	Po	stal Code:	
Email:		Phone:		
Birth Year (optional):_	Genc	Gender (optional):		
MEMBERSHIP INFORMATION				
JACL Chapter (N/A fo	or none):			
Membership Catego	ry:			
*Regular/Indiv.\$	*Couple/Family \$_	🗆 C	Century Club \$350**	
*Student/Youth \$	Thousand Club \$20	00**	1illennium Club \$1000*	
Membership Dues: \$ [*see <u>www.jacl.org/membership-dues</u>] **add Spouse to Thousand/Century for \$32 and Millennium Club for \$36				
·	of the Pacific Citizen ne	ewspaper, a m	ember benefit:	
I would like to make an additional donation of \$				
PAYMENT INFORMATION				
TOTAL \$	(Membership Dues + Pacific	: Citizen + Additio	nal Donation)	
☐ I have enclosed	d a check to "JACL" for	the amount a	bove	
Please charge	me Credit Card, type is	: □Visa □MC	□AmEx □Disc.	
Card Number:		Expires:	Code:	
Name on card		Phone:		
Billing Address:				

MAIL FORM TO: JACL Membership, PO Box 45397, San Francisco, CA 94145-0397