



JAPANESE AMERICAN CITIZENS LEAGUE

1765 Sutter Street, San Francisco, CA 94115
Ph: (415) 921-5225 • Fax: (415) 931-4671 • E-mail: mbr@jacl.org

Membership Form

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

E-mail Address _____ Occupation _____

Which chapter would you like to join? _____

Individual Membership \$60 Couple/Family Membership \$105 Student \$25

Thousand Club, Century Club & Millennium Club* (includes membership)

**These alternate membership options offer another opportunity for members to participate at a higher level of giving.*

Thousand Club (individual) \$100

Century Club (individual) \$175

Millennium Club (individual) \$1000

Thousand Club Life (individual) \$3,000

Century Club Life (individual) \$5,000

Additional dues to include spouse in
Thousand/Century/Millennium Club membership \$36

Spouse's
Name: _____

Total Enclosed \$ _____

Checks should be made payable to JAACL

The following information is optional and is used for membership services and benefits development.

Are you a registered voter? Yes No

What attracted you to the JAACL? _____

Please note that \$12 of your total membership fee, which corresponds to the fair market value of the Pacific Citizen, is not tax deductible from your national dues.