

Aikikai Foundation of Delaware  
a federal non-profit organization



667 Dawson Drive, Suite A  
Newark, Delaware 19713  
(302) 456-9365

# Kiyo Mizu Kai

## Delaware Japanese Cultural Society

New Member       Renewal       Individual       Family

Name (s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Please check preferred method of receiving information.

Home phone: \_\_\_\_\_  Work/Cell: \_\_\_\_\_

Email address: \_\_\_\_\_  Occupation: \_\_\_\_\_

Skills or hobbies: \_\_\_\_\_

Are you interested in assisting the foundation in areas such as:  
\_\_\_\_ Event Planning      \_\_\_\_ Photography      \_\_\_\_ Newsletter  
\_\_\_\_ Serving on a Committee      Other: \_\_\_\_\_

What type of activities would interest you?  
\_\_\_\_ Bus Trips      \_\_\_\_ Japanese Cooking  
\_\_\_\_ Japanese Calligraphy      \_\_\_\_ Learning to Speak Japanese  
\_\_\_\_ Japanese Craft Classes

Please note any other suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost of Annual Membership \$20.00	Family Membership \$30.00
Received \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ (checks payable to AFOD)

Signature \_\_\_\_\_

Date \_\_\_\_\_