

Date of application _____

Fujisan Network application form

Fujisan Network Chairman

I agree with the aims of the Fujisan Network and would like to be a member.

Membership type	Regular member Patron member (individual)	
Name of organization (company)		
Name of representative (personal name)		
Address	-	
Outline of organization (company) (Business activities/type of business etc.)		
Name and occupation of person in charge		
Contact information	Address	-
	Phone	()
	Fax	()
	Email	
	Website	
Special instructions Please enter any present activities or future plans.		
Other		

If you have any pamphlets, etc. about your company or organization, please attach them.

Number _____

Date received _____

Date authorized _____

Office use