Application for PTA Membership Card
For the School Year: _____ - _____

Name: _____/_____
last first spouse (if applies)

E-mail address: _____ Home phone#:_____

Address: _____

_____

_____ postal code _____

Indicate your category:

☐ Past CAJ related: __alumni __parents of alumni ___past staff member
__past board member __past ESS/SSS member

☐ Missionary community (not CAJ related):

•Mission:_____

(Must be filled in for this category)

Indicate application type:

☐ New membership (never had PTA membership before)
☐ Renewal (had previous PTA membership) ___ need new lanyard

Indicate fee category:

☐ Single ¥1,000 ☐ Couple/Family ¥2,000

Return this form **with payment** to the CAJ business office before:
October 1 for the Fall Thrift Shop
April 1 for the Spring Thrift Shop

FOR PTA USE

Amount paid: ¥_____

PTA #:_____

PTA card given:_____

Entered to computer:_____