

SEATTLE HIROSHIMA CLUB MEMBERSHIP APPLICATION

NAME: _____

ADDRESS:

Month & Year of Birth: _____

TEL: _____

Email: _____

HIROSHIMA LINEAGE/CONNECTION:

Membership is open to all those in accord with the purpose of the Club.

“We are committed to education and communication of Hiroshima Heritage through community and social engagement.”

If you can trace your connection to Hiroshima, please complete the appropriate lines below which link you to a Hiroshima immigrant.

Full name of Hiroshima immigrant and relationship to you:

Full name of above immigrant's direct descendant and relationship to you:

Full name of next generation and relationship to you:

(The above information is requested of all new member applicants and is used to determine the qualifications of all SEATTLE HIROSHIMA CLUB scholarship applicants.)

Please complete the above and mail to:

Seattle Hiroshima Club, P.O. Box 94083, Seattle, WA 98124-9483.

Also, please enclose a \$10 check for the annual membership fee per person per year.