



**RESIGNATION OF FAMILY MEMBERS**

家族退会届

Membership No. 会員番号 :

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Name of Main Applicant 正会員氏名 : \_\_\_\_\_

Wish to resign the following family members. 下記の家族が日本人会を退会致します。

Name 姓名 (ローマ字)	Relationship 続柄

Requested date of Resignation 退会希望日 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD                      MM                      YY

\_\_\_\_\_  
**Signature of Main Applicant / 正会員署名**

\_\_\_\_\_  
**Date / 届出日**

\* If the form is returned by fax or E-mail, please mail the original notice with member's signature by post together with membership card(s).

Fax/Email で提出される場合は、正会員署名のあるオリジナル原本と会員証とを追って郵送して下さい。

For office use only

Data Received :	Data Handled by :	M'ship Cards Received :
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