## **Application Form: Japanese Language Course**

Student Type:						Mode of Payment:			
☐ JAS Member (Ordinary / Associate)					☐ Charge to my JAS Member card				
	Member ID:					□ NETS □ PayNow			
☐ Staff of Corporate Member Member ID: ☐ General public (Non-member)					☐ Cheque payment attached Cheque No.				
Name:									
Contact HP No: E-mail:									
Address:(S)									
Audiess.						(3)			
☐ New Student (or students that have not attended with us 6 months or longer)									
★ Vehicle: Yes ☐ (Vehicle No. ) No ☐ Continuing Student (if you have taken Japanese classes with us before)									
Applying for course level & Price (required)				★ Class Name:			(	(DAY: )	
□ Course Fee (\$									
Early bird 19 May~ 12 Jun						Normal 13 Jun~19 Jun			
☐ Basic : • Mem: \$250.70 • Non-Mem: \$283.40						• Mem: \$272.50 • Non-Mem: \$305.20			
☐ Intermediate : • Mem: \$294.30 • Non-Mem: \$327.00					- Mem: \$316.10 - Non-Mem: \$348.80				
☐ Pre-Advanced : • Mem: \$337.90 • Non-Mem: \$370.60 ☐ Adv & Fur Adv : • Mem: \$337.90 • Non-Mem: \$370.60						<ul><li>Mem: \$359.70</li><li>Non-Mem: \$392.40</li><li>Mem: \$359.70</li><li>Non-Mem: \$392.40</li></ul>			
By signing the following Acknowledgement, the applicant (or parent/guardian of, in case of applicants under the									
age of 18 years old) indicates that they have read, understood and agreed to all of the above terms and									
conditions. Kindly note that the course has a minimum age requirement of 15 years old.									
I am below 18 years of age, and my parent / guardian is signing on my behalf.									
ACKNOWLEDGEMENT									
I have <u>read and understood</u> the above Terms and Conditions and <u>agree to them</u> .									
Name: Signature				·e:	Date:				
Company's Approval (The following section is compulsory for staff of Corporate Members only)									
Name of Company:									
Corporate Membership No. : Z				Tel:			Fax:		
Address:									
The company approves the application of the above staff to attend the Japanese Language Course organized by the Japanese Association, Singapore.									
Approved by: (Name) (Designation)									
Signature: Company Stamp:									
*Company Contact Person for Liaising Purposes (if different from above):									
Name: Designation:									
Contact No. : E-mail: @									
Application Date Received	Tick	Payment Type	Ref. No	Amoui	nt	Received By Staff	Receipt JAA No.	Chit No. & Issued By	
		PayNow		\$					
		Nets		\$					

Member ID