



TO: THE SECRETARY- GENERAL

FAX TO : _____

FROM: _____

家族退会届

RESIGNATION OF FAMILY MEMBERS

I, 私こと、 _____ Membership No. 会員番号 _____
名(ローマ字) First Name / 姓(ローマ字) Family Name

wish to resign the following family members.
 は、下記の家族が日本人会を退会しますので、お届けします。

Membership No. 会員番号	Name 姓名 (ローマ字)	Relationship 続柄

Requested date of Resignation (Year) (Month) (Day)
 退会希望日 _____ 年 _____ 月 _____ 日

Date of Submission
 届出日 _____

Signature of Main Applicant
 会員署名 _____

- * FAX で出される方は、追って本人直筆署名のある退会届と会員証とを郵送して下さい。
- * 退会希望日は届出日以降の日付でお願いいたします。
- If the form is returned by fax, please mail the original notice with member's signature by post together with membership card(s).
- The requested date of resignation has to be dated later than date of submission.

For office use only

Notice of Resignation handed by	Membership Cards	Accounts	Date received