



## Membership Application

**Koreisha Senior Care & Advocacy**  
P. O. Box 1691  
Monterey Park, Ca 91754

**Name :** \_\_\_\_\_

**Address :** \_\_\_\_\_

**Telephone Number :** \_\_\_\_\_

**Email Address :** \_\_\_\_\_

**Annual Membership - suggested minimum of \$20**  
**(5/1/24 – 4/30/25)**

- **Check payable to: Koreisha Senior Care & Advocacy.**
- **Send to: P. O. Box 1691, Monterey Park, Ca 91754**

**Yes \_\_\_ No \_\_\_ :** I request email updates on the activities of KSCA.

**Yes \_\_\_ No \_\_\_ :** I request Active Membership status which allows me to vote for the Board of Directors every 2 years with the understanding that I must support the goal of KSCA. Our goal is to promote rebuilding facilities for our Nikkei elders, and to promote the health and welfare of our seniors in the Southern California community.

**(Remarks)** The membership fees will be used for the following purposes : Rents, Postage, Stationeries, PR, Insurances, Legal fees etc. Funds received will also be used to promote health and welfare of Nikkei elders through community seminars and consultations for seniors.

**Signed :** \_\_\_\_\_ **Date :** \_\_\_\_\_