**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**

 **(5/1/22 – 4/30/23)**

**・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 goals of KSCA by active participation in at least 4 meetings or events sponsored by KSCA.

(The requirement to participate in 4 meetings a year will be lifted during the pandemic.)

**(Remarks)** The membership fees and the donated funds 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** : \_\_\_\_\_\_\_\_\_\_\_