



# ZNA MEMBERSHIP FORM

## APRIL 2016 TO APRIL 2017

Please check appropriate box below:

NEW MEMBERSHIP: I wish to join ZNA for the first time.

RENEWAL: I am a current member; please extend my membership for 1 year

I wish to subscribe:

ENGLISH NICHIRIN

JAPANESE NICHIRIN

NAME (Mr., Mrs., Miss, Ms.) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Please E-mail this form to the District Chairman at: [rdthomas99@comcast.net](mailto:rdthomas99@comcast.net)

Your application will be forward to the appropriate Chapter.