

Date of the Application _____
Day Month Year

Chairman of ZEN NIPPON AIRINKAI
9-1-47 Ishigaki-nishi, Beppu, Oita
874-0910 JAPAN

We here apply for an authorization that our Koi club shall be approved
as a Zen Nippon Airinkai Friendship Club.

Original Name of Club _____

for ZNA Friendship Club Name _____

Club President Name _____

Official Address _____

Phone _____ Fax _____

E-mail _____

Secretary Name _____
(contact person)

Other officers Name _____

The Number of Member who applies for ZNA membership _____

President's Signature _____
Name in print _____

Koi Club Name _____