

Received _____

AMERICAN ASSOCIATION OF TEACHERS OF JAPANESE

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OFFICIAL AFFILIATE APPLICATION FORM FOR THE 2015 CALENDAR YEAR

AFFILIATE NAME: _____ **ACRONYM** (e.g., NECTJ) _____

PRESIDENT: _____

EMAIL: _____ **TEL:** _____

SECRETARY: _____

EMAIL: _____ **TEL:** _____

TREASURER: _____

EMAIL: _____ **TEL:** _____

LEGALLY INCORPORATED? YES / NO

(Please attach documentation, e.g., annual report filed with state government)

BANK NAME: _____

BANK ADDRESS: _____

ACCOUNT NAME: _____

ROUTING #: _____ **ACCOUNT #:** _____

(This form must be received by August 31, 2015, in order for an affiliate to receive revenue sharing for 201 from AATJ. Updated information will be requested annually.)