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AMERICAN ASSOCIATION OF TEACHERS OF JAPANESE

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OFFICIAL AFFILIATE APPLICATION FORM

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** in order for an affiliate to receive a share of membership dues for the calendar year from AATJ. Updated information will be requested annually.)