



Silicon Valley JACL

Annual Application

Last Name	First Name	E-Mail Address	Cell Phone
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Partner:

Last Name	First Name	E-Mail Address	Cell Phone
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Mailing

Address: _____

City	State	Zip Code
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Telephone: (H) _____

Name	Age	E-Mail
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Children: _____

Silicon Valley JACL Membership Dues:

_____ \$ 25.00 Youth / Young Adult (< 25 years)

_____ \$ 60.00 Individual

_____ \$ 105.00 Family

Make check payable and mail to:

Silicon Valley JACL
841 Blossom Hill Road, Suite 212
San Jose, CA 95123