



APPLICATION FOR MEMBERSHIP

NAME (Last, First, MI, Degree): _____

OFFICE ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____

RESIDENCE ADDRESS: _____

CITY, STATE, ZIP: _____

AREA CODE & PHONE NUMBER: _____

SPOUSE'S NAME: _____

Do you speak fluent Japanese? _____

SPECIALTY: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Please send the application & member dues of \$100 check, made payable to JAMA, mailed to treasurer:

Lisa N. Oki, MD, 2925 N. Sycamore Dr., Suite 204, Simi Valley, CA 93065

Your name, address, phone#, email & spouse's name will be stored in our distribution list.
