

Mailing Label Order Form



The American Chamber of Commerce in Japan
Membership Department
Phone: (03) 3433-7304 Fax: (03) 3433-8454
Email: membership@accj.or.jp

Please send the completed and signed form to the Membership Department by email.

Customer Information

Name: Member ID (if ACCJ Member):

Company name:

Shipping address:

Email: Phone:

Order Details:

Category	Approx. No.*	Member Price	Non-Member Price
<input type="checkbox"/> All Resident Members (Commercial and individual members residing in Japan)	1,000	¥25,000	¥55,000
<input type="checkbox"/> Non-Resident Members (Commercial and individual members residing outside Japan)	70	¥5,000	¥15,000
<input type="checkbox"/> Commercial Representative Members (Representative members of commercial memberships)	250	¥15,000	¥40,000
<input type="checkbox"/> Kanto Members (Commercial and individual members residing in the Tokyo area)	900	¥20,000	¥50,000
<input type="checkbox"/> Kansai Members (Commercial and individual members residing in the Osaka area)	60	¥10,000	¥25,000
<input type="checkbox"/> Chubu Members (Commercial and individual members residing in the Nagoya area)	50	¥5,000	¥15,000

Shipping fee: ¥ 500

*The number is subject to change.

Total: ¥

Payment Method

- Member's account (ACCJ Members only) Cash
- Credit card (An email invoice will be sent to your email address.)

Member Data & Terms of Use

- Orders are processed within 2-3 business days, and it takes 1-2 days to arrive after being shipped.
- International shipping is not available.
- The member list may not include all members, as some members may have opted out.
- The mailing list is sold for a one-time use only. Proxy purchasing, copying and/or reselling labels is expressly forbidden by the Chamber.
- There is a 50 percent charge for cancellations on sets not yet sent.
- Please do not use the ACCJ logo without permission.

The ACCJ accepts electronic signatures. By checking the "I accept", you agree your electronic signature is the legal equivalent of your manual signature on this form.

I accept.

Signature*:

Date (MM/DD/YYYY)*:

Note: Unsigned forms will not be accepted.