



APPLICATION NUMBER

## APPLICATION FOR ANQ MEMEBERSHIP

1-2-1 Koenji-Minami, Suginami-ku, Tokyo 166-0003 Tel: +81-3-5378-1506 Fax: +81-3-5378-1507

**Section A (Candidate Organization Profile)**

Organization Name:

Address:

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Area Cod/Telephone	Area Code/Fax	Email
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
www.	Contact Person & Designation	Area Code Telephone
URL (if any)		Country Code Mobile

Is the Organization Fro Profit/Not-for-Profit:

Is the Organization registered with a Government Authority:  Yes  No (Please tick the appropriate)

If Yes, Please provide:

Registration number Date of Establishment (DD/MM/YY)

**Section B (Supporting Documents)**

1. Organization's charter, articles, memorandum, structure etc.	<input style="width: 80%;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Please tick the appropriate)
2. Organization's purpose, mission ,values, objectives etc.	<input style="width: 80%;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Please tick the appropriate)
3. Short note of 3 to 4 lines indicating why you would like to join ANQ	<input style="width: 80%;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Please tick the appropriate)
4. Affiliations if any	<input style="width: 80%;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Please tick the appropriate)
5. Any other information the Organization thinks could be relevant	<input style="width: 80%;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Please tick the appropriate)

**Section C (Declaration)**

**We have understood the purpose, objectives and values of ANQ and would like to become a member and actively contribute to the Quality of Human Life the core purpose of ANQ**

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of Chairman/President	Date (DD/MM/YY)	Place	Signature of Chairman/President

**Section D (Recommendation)**

**To be filled by the ANQ member recommending this application**

Comments:

Name of the ANQ Member and Signature