

MEMBERSHIP APPLICATION FORM

Friends and Family of Nisei Veterans (FFNV)

Name:

Address:

Telephone number:

Home:

Cell:

E-mail address:

Military Experience (please include dates of service and rank):

Connection to Nisei veterans (family, friend, etc.):

Will you permit FFNV to publish above information on its website (www.FFNV.org)?

Yes

No

	Yes	No
Name		
Rank		
Dates of service		
E-mail address		

DUES: \$25.00/YEAR FOR INDIVIDUAL/FAMILY

Please send your membership application/dues to:

**Carol Akiyama
Membership Liaison
P. O. Box 6552
Woodland Hills, CA 91365**