

Membership Application

I, _____, enroll a member of Japanese Matching.

Membership ONE YEAR CUSTOMIZE

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Date of Birth: _____ Social Security #: _____

Nationality: _____ If applicable, visa status: _____

Marital Status UNMARRIED DIVORCED

Do you have (a) child(ren)? YES NO

If yes, how many? _____

If yes, how old? _____

Do your child(ren) live with you? YES NO

Education

High School: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Graduate: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Others: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Occupation

Occupation: _____ Employer: _____

Position: _____ Income: _____

Personal Data

Do you smoke? YES NO

If yes, how often? : _____

Do you drink alcohol? YES NO

If yes, how often? : _____

Height: _____

Hobbies: _____

Life Goals: _____

Others: _____

Ideal Match

Age Range: _____ Marital Status: _____

Child(ren): _____ Smoking: _____

Alcohol: _____

Others: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.
I understand that false or misleading information in my application or interview may result in my release.
I understand that my application fee is nonrefundable regardless of whether or not I am accepted or declined as a client.

Signature: _____ Date: _____