Toyonaka Foreign Citizens' Council Member Application Form

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|  | Family Name | First Name | Date of Birth | Year　　Month　　Date |
| Pronunciation/ Kana |  |  |
| Name |  |  |
| Age: |
| Address | 〒 |
| Daytime Telephone Number (Cell Phone) |  |
| Email Addresses |  |
| Nationality |  | Visa Status |  |
| Length of Residence in Toyonaka City | From Year Month Date to the present　　＜　　　　Year(s)　　　Month(s)＞ |
| Occupation or Workplace / School |  |
| Japanese Language Ability（Please tick one.） | □　Fluent enough to have a discussion in Japanese |
| □　Able to speak and understand in ordinary daily life |

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| Reason for applying | You may write your reason in your native language.（Language used：　　　 　　　　　　 ） |
|  |
| Your thoughts about community-building in Toyonaka through your participation as a resident of the city. |

※ If you need more space, please continue on the reverse.