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.