

FCCJ STUDENT MEMBERSHIP APPLICATION 2024-2025	
APPLICANT INFORMATION	
Name: (underline surname)	Gender (Circle one): M F
Date of birth:	Nationality:
Current address:	
	Phone:
E-mail address:	
ACADEMIC INFORMATION	
Current school:	
Status (Undergrad or Grad):	Major:
School Address:	
	Phone:
Expected Graduation date:	
QUESTIONNAIRE	
Why do you want to become a member of FCCJ?	
What kind of existing FCCJ programs interest you?	
What kind of student programs would you be interested in seeing?	
How did you hear about the student membership program at FCCJ?	
SIGNATURES	
I certify that the above information is true and accurate. I agree to abide by the policies of the Foreign Correspondents Club of Japan.	
Print Name:	Date:
Signature:	

PLEASE SEND TO THE ATTENTION OF NAOMICHI IWAMURA AT FCCJ WITH A PASSPORT SIZE PHOTO, COPY OF STUDENT IDENTIFICATION CARD AND RESUME TO:

The Foreign Correspondents' Club of Japan, Marunouchi Nijubashi Bldg 5F,
Marunouchi 3-2-3, Chiyoda-ku, Tokyo 100-0005