

{Nonprofit-type General Incorporated Association}

SHIN-NIHON JIDOUSHA SHINKOU KYOUKAI [SHIN-JIKOU]

(NEW JAPAN AUTOMOBILE PROMOTION ASSOCIATION)

Membership Application Form

Thank you for applying. Company information, representative and contact-person details are required. After screening is complete, the secretariat will contact you with next steps. Screening usually takes about two weeks.

Business Type / Industry (select all that apply)

Automobile maintenance / repair	Used car sales	Vehicle inspection (Shaken)	Bodywork / Sheet metal
Painting	Automobile insurance	Parts installation	Motorsports
Wholesale / Retail	Exterior / Interior customization	Auto parts development	Car wash
Education / Learning support	Medical / Welfare	Advertising / Information	Accommodation / Travel
Finance / Insurance	Manufacturing	Construction / Real estate	Agriculture / Forestry / Fisheries
Services	Transport / Warehousing	Academic research	Other:

Types of Vehicles Handled — Please rank by frequency (1 = most common)

No.	Vehicle Type	Rank
1	Japanese cars	_____
2	European cars	_____
3	American cars	_____
4	Standard passenger cars	_____

No.	Vehicle Type	Rank
5	Compact cars	_____
6	Kei cars	_____
7	Commercial / Trucks	_____

Styles / Specialties (select all that apply)

Styles / Specialties	Styles / Specialties	Other
Tuning	Custom	Other: _____
Dress-up (Styling)	Luxury	Classic / Vintage
Restoration		

Purpose of Joining (select all that apply)

Build a collaboration platform	Business partnership	Attend lectures and events
Human resource development	Networking with experts	Exchange / Networking
Licensing business	Build SDGs-related projects	Maintenance for business continuity
Registration of technical skills	Overseas business expansion	Strengthen cooperation with licensed professionals
Build new businesses	Joint development	Other: _____

Applicant Information

Membership category	<input type="checkbox"/> Regular member — Annual fee: JPY 1,000,000 <input type="checkbox"/> Supporting member — Annual fee: JPY 120,000
Company name	

Website	
Representative — Name	
Representative — Title / Position	
Representative — Phone	
Representative — Email	
Primary contact — Name	
Primary contact — Department	
Primary contact — Phone	
Primary contact — Email	
Postal code	
Address	
TEL	
FAX	

Notes / Additional Information

Please attach supporting documents (company brochure, business profile, licenses, etc.). After submission, the secretariat will contact you regarding screening results and payment instructions. Screening typically takes about two weeks.

Signature: _____ Date: _____