

町内会加入届
Registration Form of CHONAIKAI

令和 年 月 日
Reiwa Year Month Day

町内会長 様

Dear the Chairperson of Neighborhood Association, CHONAIKAI

届出者氏名 _____

Name of Applicant

貴町内会に加入したく届け出ます。

I would like to register to this Neighborhood Association, CHONAIKAI.

加入を希望する世帯

The household that wishes to register to this Neighborhood Association, CHONAIKAI

住 所 Address	〒 豊川市 Toyokawa-shi
ふりがな Furigana 世帯主氏名 Name of the Householder	
電話番号 Telephone	

<提出方法：How to submit this Registration Form>

Please submit this Registration Form to the Chairperson of your Neighborhood Association, CHONAIKAI, directly. (Depending on the Neighborhood Association, CHONAIKAI, they have their own system. In that case, please follow the system.) If you do not know who is the Chairperson of your CHONAIKAI, please make an inquiry below.

Contact:

Toyokawa City Hall (〒442-8601 1-1 Suwa Toyokawa)
International and Civic Activity Division, Civic Activity Section
TEL 0533-89-2165 (Direct Phone Number)
FAX 0533-95-0010 (Direct Phone Number)
E-mail kyodokokusai@city.toyokawa.lg.jp