**Application Form to Support AASD**

Amount of Contribution:

Company Name:

Division/ business unit:

Name of contact person:

Address:

Tel/Fax:　　　　　　　　　　　　　　　　　 　/

E-mail:

We endorse the mission of AASD and would like to support AASD as (Please check the options listed below)

* Corporate Contributors
* AASD Award Sponsors
* Corporate Members

Signature: 　　　　　　　　　　　　Date (yyyy/mm/dd):

Please send your application to AASD Office at

**e-mail:** [**office@aa-sd.org**](mailto:office@aa-sd.org)**or 　FAX: 03-3514-1725**