



# CHANGE OF MEMBER ACCOUNT INFORMATION ADDITIONAL FAMILY MEMBER ENROLLMENT



1. To notify any changes to the Primary Member's account, or to enroll new Family Members, please complete this form and mail or fax it to JAL Family Club Desk.
  2. Please make sure to provide Primary Member's name, membership number and signature, and keep a copy of this form for your records.
- Note: You do not need to fill out this form if the Primary Member relocates to Japan or outside the American region. After relocating, please notify JAL Family Club administrative office in Japan (03-5460-3999) or your nearest JAL Family Club Desk.

<b>CHANGE OF PRIMARY MEMBER ACCOUNT INFORMATION</b> ※ Fill out only if information is changed. Please print.	
Home Address:	
Home Phone:	Home Fax:
e-mail Address:	
Company Name:	
Your Department:	Business Title:
Company Address::	
Business Phone:	Business Fax:
Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Company	Preferred Language: <input type="checkbox"/> Japanese <input type="checkbox"/> English
Other:	

<b>ADDITIONAL FAMILY MEMBER ENROLLMENT</b> ※ Please print.		※ Copy this if you need extra applications.
Name: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relation to Primary Member:
Date of Birth:    Month                      Day                      Year		
If you are already a member of JAL Mileage Bank JMB Membership Number:	If you have already reserved JAL flight Date of Flight:	Flight Number:
Name: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relation to Primary Member:
Date of Birth:    Month                      Day                      Year		
If you are already a member of JAL Mileage Bank JMB Membership Number:	If you have already reserved JAL flight Date of Flight:	Flight Number:
Name: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relation to Primary Member:
Date of Birth:    Month                      Day                      Year		
If you are already a member of JAL Mileage Bank JMB Membership Number:	If you have already reserved JAL flight Date of Flight:	Flight Number:

<b>PRIMARY MEMBER'S SIGNATURE</b>	
Primary Member's Name:	_____
Membership Number:	_____
Signature:	Date:    /    /

**JAL FAMILY CLUB DESK**  
 300 Continental Blvd., Suite 401  
 El Segundo, CA 90245  
 FAX: 310-414-0149