	Date:	/	/	
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To All Japan Shohin Bonsai Association(AJSBA)

Application form of AJSBA approved Bonsai instructor

Name:						Female / Male
	Last		First		Middle	
Date of Birtth:	/ /		E-mail:			
	dd mm	уууу				
Address:						
	Street					
City		Stat	te	Zip (Code	Country
Affiliation (bonsai so	ciety / associa	ation):				
óur Bonsai History						head shot
2) ACDEEMEN	IT					
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(2) AGREEMEN I agree to		e mv ner	sonal inform	nation on	the bul	letin and the we
I agree to	disclose					letin and the we

mple>			
	<u>signature</u>		
Name	e:		
	Last	First	Middle
Stre	eet		
City	State	Zip Code	Country
Short essay	OF SHOHIN BONSAI (a	nother sheet attached)	
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