

MEMBERSHIP APPLICATION FORM FOR JAPANESE SOCIETY OF PHYCOLOGY

Date: _____

Membership starts from the year 20____

Name in full: (Family name) _____

(Given name and initials) _____

Institute: _____

Mailing address: _____

Country: _____

Telephone: _____

Fax: _____

E-mail: _____

Interests: _____

The annual fee for;

Individual member who reside in Japan **8000 yen**

Individual member who reside outside Japan **7000 yen**

**# Student who submits a verifying Statement signed by their Chairperson
or Head of Department** **5000 yen**

Proof of student status _____

Payment of the amount _____ Japanese yen by

Credit Card (Visa / MasterCard / American Express)

Name of card holder: _____

Signature: _____

Card number: _____ - _____ - _____ - _____

Expiration date (Month/Year): _____ / _____

Send application form to:

Shin-ichiro Abe

College of Education, Ibaraki University

Bunkyo 2-1-1, Mito, Ibaraki 310-8512, JAPAN

PHONE/FAX +81-29-228-8446 E-mail: shin-ichiro.abe.howling@vc.ibaraki.ac.jp