

Application Form for the Reduced Membership Due for Members without a Full-time Job

Date : _____

I apply for the Reduced Membership in _____ year.

NAME	Last Name	First name	<input type="checkbox"/> NEW / <input type="checkbox"/> RENEWAL
Academic Affiliation	(<input type="checkbox"/> Full-time Job · <input type="checkbox"/> Part-time Job)		
Address of Academic Affiliation	〒 Phone _____ FAX _____		
Academic Degrees	Please mark your master's degree and higher, the latest one		
Contact Address	〒 Phone _____ FAX _____ <hr style="border-top: 1px dotted black;"/> e-mail: _____		

事務局記入欄

※ 会員番号 587 - -
 ※ 承認日 年 月 日
 ※ 年度