

The Japanese Society of Child Neurology Membership Application form

DATE

Name		Gender	M • F
		Date of Birth (yyyy/mm/dd)	
E-mail	@		
Affiliation name		Position	
Affiliation address			
TEL:		FAX:	
Occupation		Field of specialty	
Education			
University graduated:			
Year completed:			
Home address (Required when choosing "Home address" as the mailing address)			
TEL:		FAX:	
Mailing address			
<input type="checkbox"/> Affiliation address <input type="checkbox"/> Home address			
Membership category (Please check the membership category.)			
<input type="checkbox"/> 一般会員 /General Member's Fee; JPY 15,000 per year (From April 1 st to March 31 st) <input type="checkbox"/> 臨時会員 /Temporary Member's Fee; JPY 15,000 per year (From April 1 st to March 31 st) <input type="checkbox"/> 外国人会員 /Foreign Member's Fee; JPY 15,000 per year (From April 1 st to March 31 st) <input type="checkbox"/> 賛助会員 /Corporate Member's Fee; JPY 50,000 per year (From April 1 st to March 31 st)			
推薦者名 (Recommender's name)			
<input type="checkbox"/> 一般会員 /General Member <input type="checkbox"/> 評議員 /Councilor			
(一般会員ならびに外国人会員として入会希望の場合は「評議員」の、臨時会員として入会希望の場合は「一般会員」の推薦を必要としています)			

年会費を以下の口座にお振込み下さい。お振込時における手数料はご負担をお願いします。Please pay your membership fee by Bank transfer to the following account. Please burden bank transfer fee at your expense.

Beneficiary Name **THE JAPANESE SOCIETY OF CHILD NEUROLOGY**
 Beneficiary Address
4F NEOMEDITOPIA 8-16 YOCHOMACHI SHINJUKU-KU TOKYO 162-0055 JAPAN
 Beneficiary Bank **MUFG Bank, LTD. (Address 2-7-1 MARUNOUCHI CHIYODA-KU TOKYO 100-8388 JAPAN)**
 SWIFT code **BOTKJPJT** or **BOTKJPJTXXX**
 Branch Name **TOKYO-JOSHIDAI SUB-BRANCH (Address 1-6-1 YOTSUYA SHINJUKU-KU TOKYO 160-0004 JAPAN)**
 Beneficiary Account Number **315-3768017**

事務局記入欄 (Office Fill out)			
会費受付日	年	月	日
入会年月日	年	月	日
会員番号			