

Application Form for Membership (For Organizations)

*Name of Organization	
*Mailing Address	
*Phone Number:	
Fax Number:	
E-mail Address	
*Name of the Contact Person	
*Category of Membership	<input type="checkbox"/> A or <input type="checkbox"/> B or <input type="checkbox"/> C
Mailing Option	<input type="checkbox"/> Air Mail or/and <input type="checkbox"/> Registered Mail
*Issue of Commencement	<input type="checkbox"/> from the latest issue(s) or Tenki : Vol. , No. JMSJ : Vol. , No.
Any message for the MSJ	
*Signature and Date:	

* Required items

[]: Please check the box corresponding to your selection (any symbol is acceptable).

Personal information provided on this form will not be used for any purpose other than the original intent.