

				-					-				
--	--	--	--	---	--	--	--	--	---	--	--	--	--

The Ichthyological Society of Japan **Application Form**

Application Date:		Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female	
Name	Given	Middle	Family
Institution Address			
E-mail	1 :		
	2 :		
Phone	+		
FAX	+		
Home Address			
E-mail	1 :		
	2 :		
Phone	+		
FAX	+		
Please send the journal issues to: <input type="checkbox"/> Institution / <input type="checkbox"/> Home			
Membership: <input type="checkbox"/> Foreign Member (JPY5,000/year) <input type="checkbox"/> Supporting Member (JPY20,000/year and more) <input type="checkbox"/> Group Member (JPY12,000/year)			
“Ichthyological Research” (print edition) Subscription: <div style="text-align: right;"><input type="checkbox"/> Yes (adding JPY4,000/year) <input type="checkbox"/> No</div>			
<input type="checkbox"/> I agree and confirm the information.			
Signature			