

## Application Form for Membership (For Individuals)

|                         |  |             |
|-------------------------|--|-------------|
| Name                    |  |             |
| *Family Name            | *Given Name  | Middle Name |
|                         |  |             |
| *Date of Birth          |  |             |
| Gender                  | <input type="checkbox"/> Male or <input type="checkbox"/> Female or <input type="checkbox"/> Prefer not to answer        |             |
| *Title                  | <input type="checkbox"/> Prof. or <input type="checkbox"/> Dr. or <input type="checkbox"/> Other.                        |             |
| *Occupation             |  |             |
|                         | <input type="checkbox"/> Mark for Student Membership   |             |
| *Mailing Address        |  |             |
|                         |  |             |
|                         |  |             |
|                         |  |             |
|                         |  |             |
|                         |  |             |
| *E-mail Address         |  |             |
| *Category of Membership | <input type="checkbox"/> General or <input type="checkbox"/> Student or <input type="checkbox"/> Senior(aged 65 or over) |             |
| *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<br>Tenki : 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.