

Office use only.

Membership number	5 5 4 - -
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**APPLICATION FORM FOR THE MEMBERSHIP OF
The Japanese Society of Neuropathology (JSNP)**

I would like to apply for the membership of JSNP herewith a letter of recommendation.

I promise to follow the regulations of JSNP when my admission is permitted.

_____ (month/date/year)

Name: _____

Letter of Recommendation

I recommend Dr./Mr./Ms. _____ for a member of JSNP.

_____ (month/date/year)

Recommender (Councilor) : _____

Admission Present Condition Protocol

Name: _____ (Dr. / Prof. / Mr. / Ms.)
 Family Name Given Name Middle Name

Date of Birth

____ / ____ / ____
 Year Month Date

Admission Year

Type of Membership

- Regular Member
 Associate Member (Student) *A copy of student ID required
 Associate Member (Laboratory Technician) *Certificate required

Affiliation

Address

Tel : _____
 Fax : _____
 e-mail : _____

Home Address

Tel : _____
 Fax : _____
 e-mail : _____

Contact Address

- Affiliation Home

The Last Educational Background

Degree: _____ Year: _____