

## The Japanese Society for Neurochemistry Membership Registration

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Sex ☐ Male ☐ Female

Affiliation:

Position and/or Title \_\_\_\_\_

Department \_\_\_\_\_

Institution \_\_\_\_\_

Address of Institution \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

Email Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Address: ☐ Affiliation ☐ Home

Desired Class of Membership:

☐ Regular (Please enclose a short curriculum vitae (C.V.) with a list of recent publications (previous 5 years))

☐ Student (Please enclose a short C.V. and a copy of your current student registration certificate or student identification)

Recommender's Name\* \_\_\_\_\_

Recommender's Society ID \_\_\_\_\_, Recommender's Signature \_\_\_\_\_

\*If you cannot obtain a recommendation, please contact the JSN office.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Send the completed form to:

The Japanese Society for Neurochemistry

International Medical Information Center (IMIC)

Shinanomachi Rengakan, 35 Shinanomachi Shinjuku-ku, Tokyo 160-0016, Japan

TEL: 03-5361-7107, FAX: 03-5361-7091

E-mail: jsn@imic.or.jp