## MEMBERSHIP APPLICATION FORM FOR JAPANESE SOCIETY OF PHYCOLOGY

Date:		
Membe	ership starts from the year 20	
Name i	n full: (Family name)	
(Given	name and initials)	
Institute	e:	
Mailing	address:	
Country	y:	
Telepho	one:	
Fax:		
E-mail:		
Interest	ts:	
# Indiv # Stud or H	vidual member who reside in Japan vidual member who reside outside Japan lent who submits a verifying Statement signed by the lead of Department of of student status	8,000 yen 7,000 yen ir Chairperson 5,000 yen
Payme	nt of the amount Japanese yen by	
	Credit Card (VISA / MasterCard / American Express)	
	Name of card holder:	
	Signature:	
	Card number:	
	Expiration date (Month/Year): /	
Send a	application form to:	
Sci	<u>KI, Noriko</u> ence Research Center, Hosei University 7-1 Fujimi, Chiyoda-ku, Tokyo 102-0071 JAPAN	

Email. noriko.ueki@hosei.ac.jp