

THE JAPANESE SOCIETY OF FISHERIES SCIENCE

Application for foreign membership

Date _____

The President

The Japanese Society of Fisheries Science

c/o Tokyo University of Fisheries

5-7, Konan 4, Minato, Tokyo 108-8477, Japan.

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I wish to be enrolled as a foreign member of the Society and have provided all the details asked for.

Name (Full name in print or typewriter) <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
First Name	Middle name	Family name
*Family name		*First name
Date of birth:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Year	<input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> D
Graduated:	<input type="checkbox"/> High school	<input type="checkbox"/> College <input type="checkbox"/> Graduate school
(Year):	()	()
University Name:		
Highest degree attained:		
Research field:		

* For persons using Chinese characters.

Home address:		
Tel. _____	Fax. _____	Email. _____
Institutional Affiliation:		
Position:		
Address:		
Tel. _____	Fax. _____	Email. _____
Please send the journal issues to:		
<input type="checkbox"/> Home address <input type="checkbox"/> Institutional address		
from 200 <input style="width: 20px;" type="text"/>		
Recent paper, if any (provide the date, title and journal of publication.)		

Payment in Japanese yen (tick where appropriate)

For 1 year 2 years 3 years ¥ 15,000 30,000 45,000

Please tick one:

I enclose full payment by postal money order or check

Charge my credit card:

MASTER

VISA

Card number:

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Valid until: _____

Signature: _____ Date: _____