**Application Form for REGISTRATION in JSCPB**

Date

|  |  |
| --- | --- |
| * New Member □ Membership Renewal | |
| Basic personal information | |
| Name | First name Family name |
| Membership | * Regular member * Student member * Limited member * Supporting member |
| Name of your supervisor (if any) |  |
| E-mail address |  |
| URL of website |  |
| Your Scientific field | |
| Field | Name of your field: |
| Membership in other scientific societies: |
| Payment of annual fee | |
| * Automatic draft (Annual fee for next year is charged every December.) * Manual transfer | |
| Administration | |
| Address for mailing | * Office * Home |
| Recorded address in the list of member | * Office * Home |
| Date of registration | (DD/MM/YY) |
| Affiliation | |
| Name of institute |  |
| Present position |  |
| Mailing Address | (Post code : ) |
| Telephone |  |
| (TELFAX) |  |
| Note / comments |  |