**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 |  |