**APSPR Membership Application Form**

　Since I understand the intent and purpose of APSPR, I apply for the APSPR membership.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant  Name | | First Name | Middle Name | Family Name | Gender | Birth date  (yyyy/mm/dd)  Age |
|  |  |  | M・F |  |
| Affiliation Information | Affiliation including Lab Name |  | | | | |
| Official Title  (*and grade if student*) |  | | | | |
| Address |  | | | | |
| Tel | (Ext. ) | | | | |
| Fax |  | | | | |
| E-mail | |  | | | | |
| Expertise | |  | | | | |
| Present Address | | Tel(　　)　　　 Fax(　　) | | | | |

［ Membership Card ］　　　　　 　　　　　　　　　 Date 　　/　　/　　(yyyy/mm/dd)

Signature