

JAPANESE SOCIETY OF NEPHROLOGY

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APPLICATION FOR MEMBERSHIP

Membership includes subscription to CLINICAL AND EXPERIMENTAL NEPHROLOGY

Date of application: _____

I hereby make application for Full Membership of the JAPANESE SOCIETY OF NEPHROLOGY. Membership fees(annual¥13,000 and admission ¥2,000) will be charged by the Society following approval of an application.

Name: _____

(IN BLOCK CAPLTALS) (Last) (First) (Middle)

Date of Birth: _____ Nationality: _____

Academic Degree(s): MD PhD Other ()

Medical Degree(s) and Date Obtained: MD _____ PhD _____

Physician's Registration No. _____ Date of Registration: _____

Professional Practice Area(s): _____

(e.g., internal medicine, pediatrics, surgery, urology, physiology, pharmacology, pathology)

Institution of Highest Education: _____

Addresses: please tick the appropriate box for mailing/correspondence.

Title/Business Address: _____ / _____

Phone () Fax ()

E-mail ()

Home Address: _____

Phone () Fax ()

E-mail ()

Applicant's Signature: _____

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Official use only

Member # () Date approved ()

Mailing List Date processed ()

Database Date registered ()