**APSPR Membership Application Form**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ApplicantName | 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