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Application Form for the Membership of  
The Molecular Biology Society of Japan

Please fill and return this form by FAX or MAIL to:

The Molecular Biology Society of Japan

Jinzai Kaihatsu Bldg 4F, 2-11-5 Iidabashi, Chiyoda-ku, Tokyo 102-0072 Japan

I desire a membership in the Molecular Biology Society of Japan from 2 0 (year).

Type of Membership (please check one): Regular Membership Student Membership

\*If you apply to the Student Membership, please attach copy of your student identification card.

Application Date: \_\_\_\_\_ (month/date/year)

Name: \_\_\_\_\_ (Prof. Dr. Mr. Ms.)

Last Name

First Name

Middle Name

Name in Chinese Character, if you have: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (month/date/year)

Mailing Address (please check one): Affiliation Home

Affiliation: \_\_\_\_\_

Affiliation Address: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

Home Address: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Final Education: \_\_\_\_\_ Year: \_\_\_\_\_

Degree: \_\_\_\_\_ Present Position: \_\_\_\_\_

Special Field of Interest: \_\_\_\_\_

Notes: NEWSLETTER (3 issues / year) is sent to the member upon publication.

Member will receive invoice for paying admission and membership fee. Don't send money.

Member will be automatically renewed unless you notify us of your membership deletion.