**Application for JADE Membership**

Date of application (MM/DD/YYYY):

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name |  | Date of Birth(MM/DD/YYYY) |  |
| Given Name |  | Sex | Male / Female |
| Fiscal year you wish to join JADE | FY |

1. **Residence**

|  |
| --- |
| Address: |
| Postal Code (〒　　　　 )　　　　　Country: |
| TEL: | FAX: |
| EMAIL: |

1. **Affiliation**

|  |  |
| --- | --- |
| Name |  |
| Department |  |
| Position |  |
| Address | Postal Code (〒　　 　　 ) |
| 　　　　　　　　　　　　　 |
|  Country: |
| TEL: | FAX: |
| EMAIL: |

1. **Others**

|  |  |
| --- | --- |
| Primal Contact | Postal mail: 1. Residence 2. OfficeEMAIL: 1. Residence 2. Office |
| Type of Membership | 1. Full Membership
2. Student Member (Expected to graduate (MM/YYYY): )
3. Supporting Member
 |

Note 1) For “Sex,” “Primal Contact,” and “Type of Membership,” circle the one which is relevant.

Note 2) For Student Member, please enclose a copy of your Student ID.

Note 3) Applicants for Full Membership are requested to pay the annual membership fee of 10,000JPY (our fiscal year starts on October 1 and ends on September 31) to the following account. For applicants for Supporting Members, please contact the JADE office for details.

**Mitsui Sumitomo Bank, Rokko Branch (Branch Code 421), Savings Account, Kaihatsu Keizai Gakkai 4583907**