

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:	

2. Affiliation

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

3. Others

Primal Contact	Postal mail:	1. Residence	2. Office
	EMAIL:	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