

APPLICATION FORM FOR THE MEMBERSHIP OF
The Japanese Society for the Study of Xenobiotics

Please fill and return this form by mail to :

The Japanese Society for the Study of Xenobiotics(JSSX)

Mainichi Academic Forum,Inc.

Palaceside Building 1-1-1 Hitotsubashi Chiyoda-ku Tokyo 100-0003,Japan

Fax +81-3-6267-4555 E-mail: maf-jssx@mynavi.jp

I desire a membership in Japanese Society for the Study of Xenobiotics

Membership will be renewed automatically unless you notify us.

Name : _____ (Prof. Dr. Mr. MS.)

Surname Given name Middle name

Chinese character : _____

Office or Lab : _____

Tel : _____ Fax : _____ e-mail : _____

Home : _____

Tel : _____ Fax : _____ e-mail : _____

Mailing Address (please check with a tick) : ce Home

Date of Birth _____ (month / date / year)

Final Education _____ Year _____

Degree Present _____ Position _____

Special Field of Interest _____

Application day (please fill)

Date : _____

The enrollment hope year (please check with a tick) :

2017 2018

Type of Membership (please check with a tick) :

Regular member (Fee : JP 8,000yen) Student member (Fee : JP 4,000yen)

If application is for a student, please attach the copy of your student identification card.

Payment (Please check with a tick):

I enclose a bank draft made payable to The Japanese Society for the Study of Xenobiotics(JSSX)

I will remit/have remitted the above amount on (date)through my ban k (name of your bank)to the account of Nihon Yakubutsu Dotai Gakkai Kaicho Hiroshi Suzuki A/C No.218-8719913 Swift SMBCJPJT Sumitomo Mitsui Banking Corporation, Kojimachi Branch, Tokyo. * Please kindly bear the bank remitting charges concerned with yourself.

I agree to pay the above amount by my Credit card

Card name : Visa Master

Card number : _____ Expiration date(m/y) _____

Date : _____ Signature : _____

Others