Phone: +81-6-6876-2731 Fax: +81-6-6879-2034 E-mail: info@sbj.or.jp

Memebership Application Form

Date:

Please return this form to the SRI Rusiness Office (registration@shi or in)

	Mr.		Given (First) Name				Surname (Last Name)		
Name	Ms.		Give	ii (1 115t) Tuille			Sumanic (East Panic)		
	Dr.								
Date of B	irth				Age		Gender		
Major Fie	eld of Study				l l				
Company	or nal Affiliatio	on							
Address		-							
				Postal Code:		Cour	ntry:		
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Fees MEMBERSHIP (January 1st − December 31st) □ 12,000 JPY (online subscription to JBB) □ 17,000 JPY (online + print subscription to JBB by Surface mail delivery) □ 22,000 JPY (online + print subscription to JBB by Airmail delivery) Seibutsu-kogaku Kaishi (please check if applicable): □ Please send me complimentary copies of the Seibutsu-kogaku Kaishi.									
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Card F	lolder's Na	me:		same as the c		_			
Resona Senri-k	a Bank (Bar ita Branch (nk code: 00° (Branch no.	10, SW 222)	ing charge mus VIFT Code: DIW echnology, Japa	/AJPJT),		otal amount.)		

Account no.: 0297784