**Membership Application Form**

Date:

Please return this form to the SBJ Business Office ([registration@sbj.or.jp](mailto:registration@sbj.or.jp)) .

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | Mr.  Ms.  Dr. | Given (First) Name | | | | | | | Surname (Last Name) | | | |
|  | | | | | | |  | | | |
| **Date of Birth** | | | |  | | | **Age** |  | | | | **Gender** |  |
| **Major Field of Study** | | | |  | | | | | | | | | |
| **Company or**  **Institutional Affiliation** | | | |  | | | | | | | | | |
| **Address** | **Postal Code:** 　 **Country:** | | | | | | | | | | | | |
| **Phone** |  | | | | **Fax** |  | | | **E-mail** | |  | | |
| **URL** |  | | | | | | | | | | | | |
| **Fees** (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*. | | | | | | | | | | | | | |

**Payment method** (credit card or bank transfer)**:**

**Credit card** (Visa / MASTER / Amex) You can pay online with SQUARE.

**Card Holder’s Name:**

(The applicant’s name must be the same as the one shown on the credit card.)

**Bank transfer** (A 4,000 JPY handling charge must be added to the total amount.)

Resona Bank (Bank code: 0010, SWIFT Code: DIWAJPJT),

Senri-kita Branch (Branch no. 222)

Account name: The Society for Biotechnology, Japan

Account no.: 0297784