

Japanese Society for Artificial Organs

Application for Membership

Date :

Name			Documents destination <input type="checkbox"/> Office/ <input type="checkbox"/> Home (<input checked="" type="checkbox"/> check)
Date of birth		Sex	M / F
Membership Type	<input type="checkbox"/> Active Member / <input type="checkbox"/> Student Member / <input type="checkbox"/> Supporting Member		(<input checked="" type="checkbox"/> check)
Journal of Artificial Organ	<input type="checkbox"/> with Printed Ver. <input type="checkbox"/> Only On-line Subscription	※If you choose "with Printed Ver." than JPY5,000- added to your membership fee.	
Office Address	Country : Phone : FAX : E-mail :		
Office Name			
Occupation	Doctor / Engineering Researcher / Clinical Engineer / Nurse / Other ()		
Area of Studies	a . Clinical Studies / b . Basic Studies		
APSAO Membership	<input type="checkbox"/> APSAO (<input checked="" type="checkbox"/> check if you wanted to join APSAO)		
Home Address :	Country : Phone : FAX : E-mail :		
Note:			

Note:

- 1) Fiscal year of JSAO start with Sept. 1 to Aug. 31 of next year.
- 2) Invoice of the membership fee will be sent to you within a month. Please pay by credit card.
- 3) Membership fee:

Admission Fee : JPY 1,000- (Only needed to become the Regular Member)

Regular Member: JPY12,000-

Student Member: JPY 3,000-

Support Member: JPY200,000- per Unit

*Copy of Student ID is necessary for Student Member

- 4) Please send this application form by FAX or E-mail to:

Secretariat of JSAO

4F, 5-3-13 Otuka, Bunkyo-ku, Tokyo 112-0112, JAPAN

Phone: +81-3-5981-6011 FAX: +81-3-5981-6012 E-mail: jsao@asas.or.jp