

Japan Academy of Health Sciences Membership Application Form

(regular member supporting member student member)

* graduate students should be registered as regular members

Date / /

Name	<div style="display: flex; justify-content: space-around;"> family name given name </div>		M	Date of Birth (M/D/Y)
			F	/ /
			Age	
Affiliation (including department)			contact address <input checked="" type="checkbox"/> <input type="checkbox"/> work place <input type="checkbox"/> home	
Address of Institute	TEL	FAX		
Position				
Profession <input checked="" type="checkbox"/> (choose only one)	1. <input type="checkbox"/> Nursing 2. <input type="checkbox"/> Physiotherapy 3. <input type="checkbox"/> Occupational therapy 4. <input type="checkbox"/> Radiography 5. <input type="checkbox"/> Other _____			
Home Address	TEL	FAX		
E-mail				
Highest degree earned	<input type="checkbox"/> Doctorate <input type="checkbox"/> Master <input type="checkbox"/> Bachelor <input type="checkbox"/> Diploma University/School : Year :			
Reference (regular member)	Name :		Signature :	
	Affiliation :			

For administrative purposes (do not write below)

date received	/ /	date of approval		register No.	
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