

# Application Form for Admission into Japanese Society of Physical Fitness and Sports Medicine

Membership Number	1	0	1	—			—		
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Date of Application (YY, MM, DD)

Classification of Membership	Full Member	Year of Admission	
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	Family name	Given name & Middle name		
Roman Character				
Chinese Character (if applicable)				
Date of Birth	YY 1 9	MM	DD	Gender Male · Female

Contact Information	1. Office	2. Home Address
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\* Choose the mailing address to which our Journals and/or other documents should be sent to.

■Office Information■

Name				
	(Official Title: )			
Address	〒			
	Phone: ( )	FAX:		
	e-mail:			

■Home Address Information■

Home Address (Residential Address)				
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	Phone:	FAX:		
	e-mail:			

■Specialty Information■

Last educational background attended				Graduated (Year ) Completed
Specialized Field		Medical License	Licensed / Not licensed	

Name of Recommender Who Is a Councilor	(Signature)	The sign and the seal of the councilor are required. If you have no recommender who is a councilor, write it down in the margin.
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■ Subscription Questionnaire ■

Tairyoku-Kagaku (Japanese)	also by paper / on-line only	JPFSM (English)	also by paper / on-line only
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- \* **Send the membership application form to:**  
**Secretariat of Japanese Society of Physical Fitness and Sports Medicine**  
**c/o Association for Supporting Academic Societies**  
**4<sup>th</sup>, 5-3-13 Otuka , Bunkyo-ku, Tokyo, 112-0012 JAPAN**