

Membership Application/Address Correction Form The Oceanographic Society of Japan (JOS)

Please fill and return this form to: JOS/MAF

Floor 9, Palace-side Building
1-1-1 Hitotsubashi, Chiyoda-ku, Tokyo 100-0003, JAPAN
jos@mynavi.jp Fax: +81-3-6267-4555

Please check one:

Membership application:

Note: You will receive an invoice with a remittance form from the Mainichi Academic Forum (MAF). Your membership will be renewed automatically unless you notify us.

Address and other corrections: Please indicate your membership ID, or your phone number registered at JOS:

Please check appropriate membership category:

Regular member (11,000JPY/year) Regular member of age 65 or above (8,000JPY/year)
 Student member (6,000JPY/year)

Note: Application for a student membership must be signed by your adviser. Please enclose a photocopy of student ID, enrollment certificate, or other equivalent documents.

Do you agree with the society's distribution of your name and institutional address among the society members in a JOS membership directory or in a periodical supplement to it?

- Yes, I agree the distribution by JOS.
 No, I do not agree the distribution any of my personal information.
 I partially agree the distribution by JOS.

* Check the box for the information you do not wish to be included.

Institution Address Telephone Fax e-mail

Name: _____ (Prof. Dr. Mr. Ms.)

Surname

Given name

Middle name

[Name in Kanji (漢字), if applicable: _____]

Institution Address: _____

Tel: _____ Fax: _____

Home Address: _____

Tel: _____ Fax: _____

Shipping Address (please check one): Institution, Home

Election District for Councilors (please check one): Institution, Home

E-mail address: _____

Note: By completing the E-mail section, a new member will be automatically enrolled in the JOS Mailing List. If you are already a JOS member, please see our web site for updating your e-mail address in the JOS ML (<http://www.kaiyo-gakkai.jp/main/>).

Date of Birth: _____ (month/date/year)

Specific Field of Interest: _____

Year of Membership Commencement: _____ (Your membership will start on April 1 of the year).

Adviser's confirmation of student status (Student member only):

Signature: _____

Adviser's name/affiliation: _____