

The Japan Neuroscience Society Application for Membership

Applicant

First Name: _____ Middle Initial: _____

Last Name: _____ Birth Date: _____

Gender: Male Female

Position and/or Title: _____

Department: _____

Institution: _____

Address of Institution: _____

City: _____ State/Province: _____

Zip: _____ Country: _____

Email Address: _____

Business Phone: _____ Fax: _____

Home Address: _____

City: _____ State/Province: _____

Zip: _____ Country: _____

Phone: _____ Fax: _____

Desired Class of Membership

- Regular
- Overseas Regular
- Student (Please provide proof of enrollment in a degree-granting institution of higher education)
- Overseas Student
(Please provide proof of enrollment in a degree-granting institution of higher education)
- Supporting

Desired Panel

- Molecular and Cellular Neuroscience
- System Neuroscience
- Clinical Neuroscience
- Others

Signature of Applicant _____ **Date** _____

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Sponsor (person who recommends the applicant to JNS)

Name _____

Position and/or Title _____

Department _____

Institution _____

Address of Institution _____

City _____ State/Province _____

Zip _____ Country _____

Email Address _____

Business Phone _____ Fax _____

Sponsor's Qualifications (Please select the applicable number)

- 1: JNSS Member (JNSS ID number: _____)
- 2: Representative of an IBRO-affiliated society (<http://www.ibro.org/>) or a FAONS-affiliated society (<http://www.faons.org/>)

(Official homepage URL (English) for confirmation of the above):

<http://www.> _____

Signature of Sponsor _____ Date _____

Publication List of Applicant