

The Japan Neuroscience Society
Application for Membership

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: JNS Member (JNS 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.> _____

- 3: Other: _____

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

<http://www.> _____

(If there is no official English homepage, please provide appropriate certification for confirmation purposes.)

Signature of Sponsor _____ **Date** _____

Publication List of Applicant

The Japan Neuroscience Society Application for Membership

Associate Member

This page is for associate members only.

There is no need to submit this page if you are not an associate member.

Do you live in Japan?

- No
 Yes (not an associate member)

Do you have Japanese nationality?

- No
 Yes (not an associate member)

Will you present a paper at the Annual Meeting of JNS as a first author?

- Yes Date (year): _____
Submission Number of Abstract: _____
 No

Are you applying for the Travel Award of the Annual Meeting of JNS?

- Yes Date (year): _____
 No

(Please note: for the application, you need register for the award at the designated site.

If you have any questions, please contact us at office@jnss.org.)

Are you requesting for a reduction/remission of admission and membership fees?

- No (Eligible for regular or student membership)
 Yes (Only a person who attends the Annual Meeting of JNS)

Please state your reasons below.
