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 _____________________________
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:  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**