

| |
|--------------------------|
| member number : 570- 51- |
| admission year : 20__ |

Japanese Neural Network Society Membership Registration

Please tick or fill in all prescribed items with block style. fee(JPY)
admit. annual

| | | | |
|--|--|---------------------------|---|
| Membership Type | <input type="checkbox"/> Regular | 2,000 | 13,000 |
| | <input type="checkbox"/> Student (*1) | 2,000 | 3,000 |
| | <input type="checkbox"/> Supporting | -- | 50,000 |
| I want to subscribe the official journal of Neural Networks: 8,000JPY/Year (Student Membership only) | | | |
| <input type="checkbox"/> yes <input type="checkbox"/> no | | | |
| First name / Middle name / Last name | | Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| / / | | Date of birth | /d /m /y |
| Contact Address | <input type="checkbox"/> Affiliation <input type="checkbox"/> Home | | |
| Affiliation | | | |
| Affiliation Address | Country: | | |
| Phone: | Fax: | | |
| Home Address | Country: | | |
| Phone: | Fax: | | |
| E-mail: | @ | | |
| Student | Expected Graduation Date: | University | Department |
| | | /m | /y |
| Last Degree Obtained | Undergraduate | University | Department |
| | | Graduation Date | /m /y |
| | Master's Degree | University | Department |
| | | Date Received | /m /y |
| Degree | Doctorate | University | Department |
| | | Date Received | /m /y |
| Degree | Field of Study | | |
| Motivation for joining the society: | | | |
| <input type="checkbox"/> exchange research information <input type="checkbox"/> awardee <input type="checkbox"/> seminars for young scientists <input type="checkbox"/> summer/winter workshop | | | |
| Recommender's Name (*2) | | Recommenders's Society ID | |
| | | Recommender's Signature | |

Note: *1 Please send a copy of your student identification card .

You will be automatically registered as a regular member in the next year of graduation.
If you want to continue your student membership, please send a copy of your student ID again.

*2 If you cannot find any recommender, please contact to the JNNS office.

I hereby apply for membership of the JNNS.

Signature:

Date: ____/d ____/m ____/y

Send the completed form or membership questions to:

JNNS office, Fuzzy Logic Systems Institute, 680-41 Kawazu, Iizuka 8200067, Fukuoka Japan

<http://www.jnns.org/english.html>

E-mail: jnns@flsi.cird.or.jp