Secretariat entry column

member number : 570- 51-

**Japanese Neural Network Society Membership Registration**

fee(JPY)

Please tick or fill in all prescribed items with block style. admit. annual

|  |  |  |  |
| --- | --- | --- | --- |
| Membership Type | □ Regular | 2,000 | 10,000 |
| □ Student　(\*1) | 2,000 | 3,000 |
| □ Supporting | -- | 50,000 |
|  |
| First name / Middle name / Last name/　　　　　　　　　　/ | Sex | □ Male □ Female |
| Date of birth | /d /m /y |
| Contact Address □ Affiliation □ Home |
| Affiliation |   |
| AffiliationAddress |     Country: |
| Phone |   | Fax |  |
| HomeAddress |   Country: |
| Phone |   | Fax |  |
| E-mail | 　　　　　　　　　　　　　　　　　　　　　@ |
| Student | Expected Graduation Date | University Department /m /y |
| LastDegreeObtained | Undergraduate | University DepartmentGraduation Date /m /y |
| Master's Degree | University DepartmentDate Received /m /y |
| Doctorate | University DepartmentDate Received /m /y |
| Degree |   | Field of Study |   |
| Motivation for joining the society:　□ exchange research information □ awardee □ seminars for young scientists □ summer/winter workshop　　　　 □ annual conference of JNNS |
| Recommender's Name (\*2) | Recommender's Society ID Recommender's Signature |
| Year of wishing to join | 20\_\_ \_\_ |

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:

Send the completed form or membership questions to:

Date: /d /m /y

E-mail：secretariat@jnns.org