

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

Japanese Neural Network Society Membership Registration

fee(JPY)

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

		admit.	annual
Membership Type	<input type="checkbox"/> Regular	2,000	10,000
	<input type="checkbox"/> Student (*1)	2,000	3,000
	<input type="checkbox"/> Supporting	--	50,000
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
	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 <input type="checkbox"/> annual conference of JNNS			
Recommender's Name (*2)		Recommender'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, SOUBUN.COM Co.,Ltd, 7-12-16 Nishiogu, Arakawa-ku, Tokyo Japan,
1160011

<https://jnns.org/en/>

E-mail: secretariat@jnns.org