Secretariat entry column

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 | □ Regular | | | | | | 2,000 | 10,000 |
| □ Student　(\*1, \*3) | | | | | | 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 |  | | | | | | | |
| 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:　□ 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 | | | | | |

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.

\*3 If the student wants to subscribe the official journal of Neural Networks, you need to apply to be a regular member.

I hereby apply for membership of the JNNS.

Signature:

Send the completed form or membership questions to:

Date: /d /m /y

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](mailto:jnns@flsi.cird.or.jp)