

Application form (Institute member)

Date _____(mm/dd/yyyy)

Institute Name: _____

Name in Chinese Character, if any: _____

Department /Section: _____

Postal Address:

_____ (Country)

TEL: _____ **FAX:** _____ **E-mail:** _____
(country code: _____)

Mailing Address (please check one): **Registration** **Nonregistration**

Information Disclosure/Nondisclosure

* Information disclosure is limited within the Society.

Department and address	()Disclosure	()Nondisclosure
TEL / FAX	()Disclosure	()Nondisclosure
E-mail	()Disclosure	()Nondisclosure

Please fill and return this form to:

The Japanese Society of Fisheries Oceanography

4-4-19 Takadanobana, Shinjuku-ku, Tokyo 169-0075 Japan

TEL: (+81) 3-5389-6285 FAX: (+81) 3-3368-2822

E-mail: jsfo-post@bunken.co.jp