

Application form (Regular member)

Date _____(mm/dd/yyyy)

Name: _____ (Prof. Dr. Ms. Mr.)
Surname Given name Middle name

Name in Chinese Character, if any: _____

Affiliation: _____

Department /Section: _____

Postal Address:

(Country _____)

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

Home Address:

TEL: _____ FAX: _____ E-mail: _____

Mailing Address (please check one): ~ Affiliation ~ Home

Information Disclosure/Nondisclosure

* Information disclosure is limited within the Society.

Affiliation, Section, Department, and address ()Disclosure ()Nondisclosure

Affiliation TEL / FAX ()Disclosure ()Nondisclosure

Affiliation E-mail ()Disclosure ()Nondisclosure

Home address ()Disclosure ()Nondisclosure

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Please fill and return this form to:

The Japanese Society of Fisheries Oceanography

358-5 Yamabuki-cho, Shinjuku-ku, Tokyo 162-0801 Japan

TEL: (+81) 3-6824-9376 FAX: (+81) 3-5227-8631

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