

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

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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

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