JAPANESE SOCIETY OF TOXICOLOGIC PATHOLOGY

MEMBERSHIP APPLICATION FORM

**(**Date**: . .　 　)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Member Type | | | ※Please tick a box on your apply.  □ Full Member　　　・　　　□ Student Member | | | | | |
| Name | | | First Name Last Name Middle Initial | | Sex | | | □Male ・ □Female |
| (□Dr. □Ms. □Mr. ) | | |  | | Birth Date  (MM/DD/YY) | | |  |
| Affiliation | | Organization | (Company/Institute) | | | | | |
| (Department) | | | | | |
| Address | Street:  City, State, Country:  Zip Code: | | | | | |
| (Phone)　　　　　　　　(Ext.　　　)　(FAX) | | | | | |
| Home Address | | | Street:  City, State, Country:  Zip Code: | | | | | |
| (Phone)　　　　　　　　(Mobile)　　　　　　　 (FAX) | | | | | |
| E-mail Address | | | 1. (First) | | | | | |
| 2. (Second) | | | | | |
| Shipment to | | | ※Please tick a box on your request □Affiliation　・　□Home | | | | | |
| Bill to | | | ※Please tick a box on your request □Affiliation　・　□Home | | | | | |
| Degree | | | ※Please tick a box on your request  □Medicine・□Veterinary medicine・□Pharmacology・□Other( ) | | | | | |
| Academic Background | | | ※Final Education | | | | | |
| Research Achievement | | | ※If there are no results, please fill out “no results” | | | | | |
| I agree to the terms and conditions of the membership of the Japanese Society of Toxicologic Pathology. | | | | | | | | |
| **Signature** | | |  | | |  | | |
| **Recommendation: Must be a Councilor or Diplomate of JSTP** | | | | | |
| Affiliation | | | | | |
| Full Name | | | | | |
| Signature | | | | | |

●For application as a student member●

1. Please attach a copy of student ID card or another official certificate.
2. Article 7 (Chapter 3) of the constitution of JSTP describes that a student shall not include any business person sent as a student by a business organization. It means that a student member does not receive a regular income such as salary from an institution. Please give the name and affiliation of your mentor below, with his/her signature in order to vouch for your identity.
3. Please declare the planned year of your graduation below. You will remain to be a student member until December 31 of you declared, planned year of the graduation, regardless of the date of the graduation. You are advised that from January 1st the following year, your membership category will automatically be changed to the “full” member, and that any reduction and/or exemption of the membership fee having been given as a gift to the”student” member will no longer be applied.

|  |  |
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| Planned year of your graduation: |  |

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| --- |
| **Mentor (JSTP membership is not required)** |
| Affiliation |
| Full Name |
| Signature |