

FAX: 03-5291-2176

株式会社 春恒社 学会事務局

入会申込書係

Sunkousha Inc. Membership Division

The Japanese Society for Investigative Dermatology

Membership Application

日本研究皮膚科学会 会員入会申込書

Name	Japanese					Gender	Male / Female	
	/Chinese					*Enter family name first, followed by given name(s).		
	Roman Letters							
Date of Birth	/ / (mm/dd/yyyy)							
Professional/Academic Affiliation	Name							
	Address							
		TEL:	Extension:		(ZIP Code)			
		FAX:	*E-Mail:					
Position		DEGREE	M.D. / Ph.D. / Other ()			Occupation	Dermatologist / Other()	
Home Address								
		TEL:	Extension:					
		FAX:	E-Mail:					
Contact Address	1. Work	2. Home				Circle the corresponding items		
Type of Membership	1.Regular	2.Student	3.Oversea Associate Regular	4.Oversea Associate Student				
Final Academic Background	Institution:		Department:					
	Field of Study:		Program:		Year of Graduation:			

Date: / / (mm/dd/yy)

Note 1: Please fill out in English.

Note 2: ***E-Mail** is required.

Note 3: When applying for a student membership, attach a copy of your student identification card or student registration certificate to the application form.

Note 4: The application should be sent to Shunkosha Inc.; an invoice will be sent to applicants within one month.

Please note that temporary discount is applied to first-time new Regular Member and Student Member until the end of 2025.