

# 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**

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