

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:

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