

Application form (Supporting member)

Date _____(mm/dd/yyyy)

Institute Name: _____

Name in Chinese Character, if any: _____

Department /Section: _____

Postal Address:

(Country)

TEL: _____ FAX: _____ E-mail: _____
(country code: _____)

Number of Contracts _____

*Membership fee costs ¥30,000 per each number of yearly contract. We will be sent the same number of journals as the number of contract.

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
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