

Membership Application Form (for overseas researchers)

To: President, Chinese Linguistic Society of Japan

I agree with the terms and conditions of the Society and hereby wish to become a member of the Society.

Date: _____ Signature _____

Notes: Please mark an (x) in the square box if you do not wish the particular information to appear in the membership directory. Otherwise check (√). The items with the symbol © are obligatorily and are public information. The items with the symbol ※ will not appear in the directory.

©Name :	
※Date of Birth :	※ Ms. Mr.
<input type="checkbox"/> Residential Address:	
<input type="checkbox"/> Phone :	<input type="checkbox"/> Fax :
<input type="checkbox"/> E-mail :	

©Affiliation & Status	
<input type="checkbox"/> Work Address	
<input type="checkbox"/> Phone :	<input type="checkbox"/> Fax :
<input type="checkbox"/> E-mail :	

Newsletters to be sent to (Please tick the appropriate box) :

<input type="checkbox"/> Resident Address	<input type="checkbox"/> Work Address
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Choose the fee payment method (Please tick the appropriate box) :

<input type="checkbox"/>	1. Payment by Credit card (<u>Visa</u> or <u>MasterCard</u> only).
<input type="checkbox"/>	2. Payment by domestic postal money transfer within Japan