

Application Form for The Japanese Society of Health Education and Promotion

I would like to join your academic society.

Date of Application (DD/MM/YYYY): _____

Name		Sex	Male/Female
Signature		Date of Birth (DD/MM/YYYY)	
Membership of Professional Institute	Name of the Institute		
	Department		
	Address	Zip code:	
		Tel: Fax:	
Home Address	Zip code:		
	Tel: Fax:		
Area of Specialty			
E-mail Address			
Year of Enrollment (YYYY)		Mailing Address for Journal Delivery	Institute / Home
Type of Membership	Regular member / Student member / Library member / Single-year member		
Name of referring member (who recommended that you join)			

- Notes:**
1. The fiscal year is from April to March of the following year.
 2. Please make sure that all the necessary information has been filled out completely.
 3. Single-year members will receive services from the society for one year. However, submission of papers to the journal is not permitted in this period.
 4. Please send your application form to the address below.

Contact:

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