Japanese Society of Geoinformatics – Membership Application Form

Name:		
	Year: Month Day	
Postal Code:	me):	
Address:		
Tel (optional):		
(T (T ())		
Address for corresponden Postal Code:	nce: (please mention if different from your office address)	
Address:		
Tel (optional):		
	ion: \Box Office \Box Other (check appropriate box)	
E-Mail:		
Final Education:		
Graduation Year:	Degree Earned:	
Research Field:		
Remarks (if any):		
Supervising Professor (for	r students):	
Full name:	Signature:	
Please submit this applica	ation form along with the membership fee	
Regular Annual Fee: 5,00	00 yen Student Fee: 2,500 yen	
	instructions on how to fill out the form and pay the membership fee. ir supervising professor's signature.	

(for office use, please do not fill) Date Received: _____ Fee: ____Date Approved: ____ID: ____