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 The Japan Society for Vaccinology
 (日本ワクチン学会)

The Japan Society for Vaccinology Membership Application
 日本ワクチン学会 入会申込書

Date: / / (mm/dd/yy)

Name			
Date of Birth	Date: / / (mm/dd/yy)	Gender	Male / Female
Professional /Academic Affiliation	(Name)		
	(Address)		
	(ZIP Code)		
	TEL	FAX	
E-mail			
Home Address	(ZIP Code)		
	TEL	FAX	
Member Type(*)	1. Professional 2. Student		
Specialty(*)	1. Fundamental research 2. Clinical application research 3. Production or development 4. Epidemiological research		
Contact Address(*)	1. Work 2. Home		

Note1: Field marked with (*) Please Circle the one appropriate item.

Note2: If you are applying for student membership, please attach a copy of your student ID.

事務局使用欄 (Please do not fill in this field.)

入会登録日	年	月	日	入会年度	年	会員番号	610
備考							