The Botanical Society of Japan Membership Application Form

The Botanical Society of Japan Member Support Center

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Date: Applicant's Information (Please fill out below in block letters or print)		
Surname	Given name	Middle name
Affiliation:		
Address:		
Tel:	Fax:	
E-mail:		
Date of Birth:	(month/date	e/year)
Please check the appropriate box(es):		
Individual annual membership fee		
□ Regular ¥11,000-	□ Student ¥2,000-	
☐ International (overseas) Regular US \$6	0- □ International	(overseas) Student US \$20-
Application for student membership requir	es the signature of th	ne student's academic supervisor.
Academic supervisor's signature		
Date		
Option: Annual subscription to Journal of □ Japan ¥ 5,200- □ O	_	ted copy
Payment Method (This Question is for inte	rnational applicant o	only)
Please choose one of the payment method	ls below to pay the a	nnual membership fee.
☐ Bank transfer (For more information, p	lease contact us by e	mail.)
□ Credit card (We will send you an email	with a card payment	t URL. VISA or MASTER)
Note: For residents of Japan, only re	mittance with a navr	nent slin is valid