

## Application for ISCMF Membership

Please send this form by Fax to +81-75-744-0007(075-744-0007 inside Japan)  
or email: [secretariat.iscmf@npo-apacvd.jp](mailto:secretariat.iscmf@npo-apacvd.jp)

### 1. Personal Information

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Title: \_\_\_\_\_  Male  Female

Institution/Company: \_\_\_\_\_

Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. Membership Level and Membership Fee (Please check the appropriate box)

Professional: 100.00 US\$ / year

Trainee: 50.00 US\$ / year

### 3. Terms of Payments (Please check the appropriate box)

I agree to pay the total amount of US\$ \_\_\_\_\_ by the following credit card:

VISA  Master

Card No. \_\_\_\_\_

Good Thru: \_\_\_\_\_ (mm/yy)

Cardholder's Name \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

I agree to pay the total amount of US\$ \_\_\_\_\_ by bank transfer or equivalent amount of  
Japanese Yen at the exchange rate of the day of payment.

Bank Name: Mitsubishi Tokyo UFJ Bank  
Address: 23-1Sannou-cho Shogoin, Sakyo-ku, Kyoto, Japan  
Account Number: 445-4522713

Branch Name: Shogoin Branch  
Account Type: Savings Account  
Account Name: ISCMF Matsumori Akira

Date \_\_\_\_\_ Signature \_\_\_\_\_