

## Application Form

Please Check the kind of contribution

Donation  Membership Application  Fund for International Center

### Address & Information

Check one for use in mailing address:

Mr.  Ms.  Miss  Mrs.  Dr.  Prof.

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LAST NAME

FIRST NAME AND MIDDLE NAME

-----  
PROFESSIONAL AFFILIATION OR GROUP NAME

-----  
E-MAIL ADDRESS

PHONE / FAX

-----  
STREET AND NUMBER

CITY

-----  
STATE OR PROVINCE

ZIP OR POSTAL CODE

COUNTRY

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TOTAL \$ -----

### OFFICE of JAPSAM

Tel/Fax: 81-52-839-0356

Address: Main Office 40, Okura-Cho, Kita-Ku, Nagoya, 462-0858, JAPAN

Office 13-8 Takamine-cho, Showa-Ku Nagoya 466-0811, JAPAN

e-mail: info2@japsam.or.jp