

Marine Acoustics Society of Japan

Membership Application / Change of Address Form (Honorary / Regular Member)

All personal information provided will be strictly managed and protected
in accordance with the Society's Personal Information Protection Policy.

Full Name	Family name	Middle name	Given name
Gender (check one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say		
Date of Birth	YYYY	/ MM	/ DD
Address (Home)			
Phone Number			Fax Number
Email			
Affiliation (Institution / Organization)			
Address (Affiliation / Organization)			
Phone Number			Fax Number
Email			
Final Academic Background Please check one	School Name: <input type="checkbox"/> Graduated (Year:) <input type="checkbox"/> Currently Enrolled		
Degree / Job Title			
Field of Specialization Please check all that apply	<input type="checkbox"/> 1. Oceanographic Survey <input type="checkbox"/> 2. Defense <input type="checkbox"/> 3. Fisheries <input type="checkbox"/> 4. Shipbuilding <input type="checkbox"/> 5. Electrical Engineering <input type="checkbox"/> Other (please specify):		
Preferred Contact Address Please check one	<input type="checkbox"/> Home Address <input type="checkbox"/> Affiliation Address		
Preferred Starting Year	Fiscal Year:		
Remarks / Additional Information			

Please note that **payment must be made by credit card.**

Please complete this form and send it by email to the address below. Fax or postal mail is also accepted.

Secretariat, Marine Acoustics Society of Japan

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