APPLICATION FORM

FOR JSWE INTERNATIONAL ASSOCIATE MEMBER

[Nominee]

**Name**:

 Date of Birth (yy/mm/dd)

 Male or Female

**Nationality**:

**Office**:

 Affiliation:

Title:

Address:

 Street

 City/Town

 Zip code

 Country

Phone: Fax:

E-mail:

**Home:**

Address:

 Street

 City/Town

 Zip code

 Country

Phone: Fax:

E-mail:

Please write at least three keywords that describe your specialties of work and/or research.

1) 2)

3) 4)

5) 6)

**Application will be reviewed by Committee for International Affairs.**

**You would be our member after approval of the Committee.**

**Any application without recommendation will NOT be approved.**

**[Reference/** **Recommender (JSWE member\*)**

Name:

Member ID

Affiliation

Title

E-mail:

**[Reference/** **Recommender (JSWE member\*)**

Name

Member ID

Affiliation

Title

E-mail:

\*The JSWE members are required to be retaining the membership status for more than 5 years (会員資格を5年間継続している会員の推薦が必要である).