
The Japanese Society for Pediatric Endocrinology(JSPE)

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MEMBERSHIP APPLICATION

Membership fee

Regular members : 10,000yen

Payment information will be mailed to you after applications is completed.

Name : _____ Dr. Prof. Mr.
Miss Mrs. Ms
 Surname Given name Middle name

Date of birth : _____ Nationality : _____

Affiliation : _____

Address : _____

Home address : _____

Final education : _____ Year : _____

Degree : _____ Present position : _____

Special field(s) of interest : _____

Mailing address for JSPE(if different from above) _____

Date : Signature : _____