
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.

Dr. Prof. Mr.

Name : _____ _____ _____
 Surname Given name Middle name Miss Mrs. Ms

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 : _____ / _____ / _____ Recommender : _____