

**MEMBERSHIP APPLICATION  
FOR THE JAPANESE SOCIETY OF NUCLEAR MEDICINE**

Please type or print.

Last name ..... First ..... Middle .....

Date of birth ..... Male Female

Address:

Office

Your title .....

Institute .....

Street address .....

City/State/Country ..... Postal code .....

Telephone ..... Fax ..... E-mail .....

Residence

Street address .....

City/State/Country ..... Postal code .....

Telephone ..... Fax ..... E-mail .....

Undergraduate college ..... Graduated ..... Degree .....

Graduate/Medical college ..... Graduated ..... Degree .....

Postgraduate training ..... Date .....

..... Date .....

Professional appointments ..... Date .....

..... Date .....

M.D. only: License to practice (State/Country) ..... Year obtained .....

Board certification ..... Year obtained .....

Membership in professional and scientific organizations: Local/State/National .....

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Regular members receive official journals, both Annals of Nuclear Medicine and KAKU IGAKU.

If you do not need KAKU IGAKU (Jpn. J. Nucl. Med., in Japanese), check here.

Applicant's signature ..... Date .....

Submit application to:

The Japanese Society of Nuclear Medicine

c/o Japan Radioisotope Association

2-28-45, Honkomagome, Bunkyo-ku, Tokyo 113-0021, Japan

Tel.: +81-3-3947-0976, Fax: +81-3-3947-2535

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