

**Application Form for the Membership of
The Japanese Society for Virology**

Please fill and return this form by mail to:

Membership Support Service, Microbiological Science Inc.

4-13-18 Koishikawa Bunkyo-ku

Tokyo, 112-0002, Japan

Fax: +81-3-6231-4035 E-mail: biseibutsu-com@umin.ac.jp

I desire a membership in The Japanese Society for Virology Japan from the fiscal year 20_____.

(Fiscal year starts on Jan.1st and ends on Dec.31st.)

Signature:_____ Date (month/date/year):_____

Name:_____ (Prof. Dr. Mr. Ms.)

Surname

Given name

Middle name

Date of Birth:_____ (month/date/year) Sex (please check one): Male Female

Mailing Address (please check one): Affiliation Home

Affiliation:_____

Address:_____

Tel:_____ Fax:_____ E-mail:_____

Home Address:_____

Tel:_____ Fax:_____ E-mail:_____

Final Education:_____ Year:_____

Degree:_____ Present Position:_____

Special Field of Interest:_____

Note: 1. Admission Fee: **JP¥1,000**

Membership Fee: **JP¥8,000**

2. VIRUS (2 issues/year) will be sent upon publication.

You will receive an invoice later. Please send no money now.

Membership will be automatically renewed unless you notify us of your membership cancellation.