

**The Chemical Society of Japan**  
**Application Form for CSJ Membership [Send by Fax or Air Mail]**  
 5, Kanda-Surugadai 1-Chome, Chiyoda-Ku, Tokyo 101-8307, Japan  
 Phone: +81-3-3292-6169 Fax: +81-3-3292-6317

This form is for residents outside of Japan. Please fill in this form and send it by fax or e-mail attached. Should you have any queries regarding your membership and/or subscription, please do not hesitate to contact us.

**1. Name:** Mr., Ms., Dr., ( ) [Last, First, Middle Initial]: \_\_\_\_\_

**Date of Birth** [Day/Month/Year]: \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**2. Home Mailing Address** (Journals will be sent here).

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**3. Work Mailing Address**

**Academic or Job Title:** \_\_\_\_\_

**Institution/Firm:** \_\_\_\_\_

**Department/Subject:** \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**4. E-Mail:** \_\_\_\_\_

**Subscription Rate for 2009** (please check your subscription)

**Entrance Fee for CSJ Members :**

**¥ 1,000 (one time)**

	Surface mail	Air I	Air II	Air III
<b>Membership fee *</b>	<input type="checkbox"/> ¥ 12,300	<input type="checkbox"/> ¥ 19,100	<input type="checkbox"/> ¥ 22,100	<input type="checkbox"/> ¥ 25,100
<b>BCSJ</b>	<input type="checkbox"/> ¥ 15,000	<input type="checkbox"/> ¥ 23,400	<input type="checkbox"/> ¥ 27,600	<input type="checkbox"/> ¥ 31,800
<b>Chem Lett</b>	<input type="checkbox"/> ¥ 9,600	<input type="checkbox"/> ¥ 12,800	<input type="checkbox"/> ¥ 14,600	<input type="checkbox"/> ¥ 16,400
<b>Kagaku to Kyoiku</b>	<input type="checkbox"/> ¥ 6,000	<input type="checkbox"/> ¥ 8,400	<input type="checkbox"/> ¥ 9,200	<input type="checkbox"/> ¥ 10,200

\* Member's Monthly Journal "Kagaku to Kogyo" will be sent to you. (January-December)

**Total ¥** \_\_\_\_\_

**Payment Information**

Method of Payment  Bill to ( Home Address  Work Address)  Credit Card ( VISA  Master)

Credit Card Number: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Signature (Please sign by Card Holder): \_\_\_\_\_

Expiration Date (Month/Year) : \_\_\_\_\_ / \_\_\_\_\_