

**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.1<sup>st</sup> and ends on Dec.31<sup>st</sup>.)

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¥10,000**

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.