

The Chemical Society of Japan
Application Form for CSJ Membership [Send by E-mail or Fax]
 5, Kanda-Surugadai 1-Chome, Chiyoda-Ku, Tokyo 101-8307, Japan
E-mail: member@chemistry.or.jp 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 2010 (please check your subscription)

Entrance Fee for CSJ Members : ~~¥1,000 (one-time)~~ Exemption (from August 2010 to July 2012)

	Surface mail	Air I (Asia)	Air II (US,EU)	Air III (Ohters)
Membership fee *	<input type="checkbox"/> ¥ 12,300	<input type="checkbox"/> ¥ 19,100	<input type="checkbox"/> ¥ 22,100	<input type="checkbox"/> ¥ 25,100
BCSJ	<input type="checkbox"/> ¥ 15,000	<input type="checkbox"/> ¥ 23,400	<input type="checkbox"/> ¥ 27,600	<input type="checkbox"/> ¥ 31,800
Chem Lett	<input type="checkbox"/> ¥ 9,600	<input type="checkbox"/> ¥ 12,800	<input type="checkbox"/> ¥ 14,600	<input type="checkbox"/> ¥ 16,400
Kagaku to Kyoiku	<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) : _____ / _____