

**JAPANESE SOCIETY OF TOXICOLOGIC PATHOLOGY
MEMBERSHIP APPLICATION FORM**

(Date: . .)

Member Type	※Please tick a box on your apply. <input type="checkbox"/> Full Member • <input type="checkbox"/> Student Member		
Name (<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.)	First Name	Last Name	Middle Initial
	Sex		<input type="checkbox"/> Male • <input type="checkbox"/> Female
		Birth Date (MM/DD/YY)	
Affiliation	Organization	(Company/Institute)	
		(Department)	
	Address	Street: City, State, Country: Zip Code:	
		(Phone)	(Ext.) (FAX)
Home Address	Street: City, State, Country: Zip Code:		
	(Phone)	(Mobile) (FAX)	
E-mail Address	1. (First)		
	2. (Second)		
Shipment to	※Please tick a box on your request <input type="checkbox"/> Affiliation • <input type="checkbox"/> Home		
Bill to	※Please tick a box on your request <input type="checkbox"/> Affiliation • <input type="checkbox"/> Home		
Degree	※Please tick a box on your request <input type="checkbox"/> Medicine • <input type="checkbox"/> Veterinary medicine • <input type="checkbox"/> Pharmacology • <input type="checkbox"/> Other()		
Academic Background	※Final Education		
Research Achievement	※If there are no results, please fill out "no results"		

I agree to the terms and conditions of the membership of the Japanese Society of Toxicologic Pathology.

Signature _____

Recommendation: Must be a Councilor or Diplomate of JSTP

Affiliation _____

Full Name _____

Signature _____

●For application as a student member●

- ① Please attach a copy of student ID card or another official certificate.
- ② Article 7 (Chapter 3) of the constitution of JSTP describes that a student shall not include any business person sent as a student by a business organization. It means that a student member does not receive a regular income such as salary from an institution. **Please give the name and affiliation of your mentor below, with his/her signature in order to vouch for your identity.**
- ③ **Please declare the planned year of your graduation below. You will remain to be a student member until December 31 of you declared, planned year of the graduation, regardless of the date of the graduation. You are advised that from January 1st the following year, your membership category will automatically be changed to the "full" member, and that any reduction and/or exemption of the membership fee having been given as a gift to the "student" member will no longer be applied.**

Planned year of your graduation: _____

Mentor (JSTP membership is not required)

Affiliation _____

Full Name _____

Signature _____