JSCE MEMBERSHIP APPLICATION FORM
- FOR INDIVIDUAL REGULAR & STUDENT MEMBERS -

Please type or print in block letters. All items should be completed in black ink.

Date: ____________________________

Country: _________________________ Zip: ______________________

Name: __________________________ (Middle) __________ Last

Gender: _______ Male 1 Female 2

Nationality: __________________________ Date of Birth: __________________________

Month / Day / Year

Address: __________________________________________________________________________________________

_____________________________________________________________________________________________

Country: _________________________ Zip: ______________________

Phone: __________________________ Fax: __________________________

E-mail: __________________________

Affiliation: __________________________

Position or job title: __________________________

Business or school address: __________________________

Country: _________________________ Zip: ______________________

Phone: __________________________ Fax: __________________________

E-mail: __________________________

Please check the membership category for which you are applying.

☐ INDIVIDUAL REGULAR MEMBER of Japan Society of Civil Engineers (JSCE)

☐ STUDENT MEMBER of Japan Society of Civil Engineers (JSCE)

Please check the box that best describes the highest level of education you have completed.

☐ BS ☐ MS ☐ PhD

☐ DR ☐ Other (please specify) __________________________

Name of the institution from which you are receiving, or have received the academic qualification indicated above:

________________________________________

Faculty: __________________________ Dept.: __________________________

Year of entrance: ___________________ Year of graduation: ___________________

Please check the address to which you would like to receive mail from us.

☐ Home address ☐ Business or school address

Please tell when you would like to join JSCE membership:

______________________________

Month / Year

Please check the box below if you would like to subscribe to JSCE Journals and tell when you would like to start your subscription.

☐ I would like to subscribe to JSCE Journals from: __________________________.

Month / Year

Credit card payment: ☐ VISA ☐ MASTERCARD Card Number: __________________________

Exp. Date: _______________ Signature: __________________________