Credit Card Form (For Overseas new member)

If you wish to pay with your credit card, please fill in the following form and send it back to us along with an application form of IEICE Overseas Membership by e-mail or by FAX.

To: IEICE Membership Section
E-mail: member@ieice.org FAX: +81 3 3433 6659

Should you have any questions, please ask member@ieice.org

I wish to pay my annual membership fee, and subscription fee with my credit card. So I will entrust you as follows.

Name _____

a) Mark the appropriate box with an X:

☐UC ☐Master Card ☐VISA ☐JCB ☐American Express

b) Card Number: | | | | | | | | | | | | | | | |

c) Expiration date: Year _____ / Month _____

d) Full name of the Credit Card Holder (Please type or print):

_____

e) Total : _____ Japanese Yen

f) Signature of the credit card holder_____
(If you are a credit card holder, please leave blank.)

g) Your Signature_____Date_____