IEICE Overseas Membership Application Form

URL http://www.ieice.org/eng/member/OM-appli.html **E-mail** member@ieice.org **FAX** +81-3-3433-6659

◆ Please type or print in English. The deadline for submitting application form is the 1st day of every month.

Personal Information

☐Male ☐Female

Full name: _____ ***Nationality:*** _____
First name Middle name Last name

☐Prof. ☐Dr. ☐Mr. ☐Ms. ***Place of birth:*** _____ ***Date of birth:*** _____
Day Month Year

Mailing Address ☐Home ☐Office

_____
Name of Company/School/College Department/Section

_____
Street City State/Province

_____
Postal code Country

_____
TEL FAX E-mail

Academic Background The highest academic degree: ☐Ph.D. ☐Masters ☐Bachelors ☐Others: _____

_____
University/college/school of the highest academic degree Month & year of graduation

_____
(For Student Member) Academic degree which will be conferred on you Month & year when the degree will be conferred on you

Application Information

Membership: I want to apply for the following membership (check one item!)

☐Member (Overseas) ☐Student Member (Overseas)

◆If you want to apply for OMDP, please check; ☐OMDP (Overseas Membership Development Program)

Society registration (Membership fee includes one Society of Transaction of Online version.):

☐A: Engineering Sciences ☐B: Communications ☐C: Electronics ☐D: Information and Systems

Additional Society (optional): ☐A: Engineering Sciences ☐B: Communications ☐C: Electronics ☐D: Information and Systems

Additional Transactions of paper version (optional):

☐EA: Fundamentals ☐EB: Communications ☐EC: Electronics ☐ED: Information and Systems

☐A: Fundamentals (Japanese) ☐B: Communications (Japanese) ☐C: Electronics (Japanese) ☐D: Information and Systems (Japanese)

Journal subscription (optional): ☐(Japanese)

Remittance Remittance is available only in *Japanese yen* by a *credit card*.

Admission charge……¥_____ Journal subscription (optional)……..¥ _____

Annual charge…… ¥_____ Mailing option: ☐Air mail……..……¥_____

Additional Society (optional) …… ¥_____ ☐SAL mail……¥_____

Additional Transactions (optional)……..…¥_____ **Total……..……¥** _____

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

Card number: | | | | | | | | | | | | | | | | |

Expiry date: ____/____ Credit Card Holder: _____ Signature: _____
Year Month

Endorsement *Endorsements by one IEICE Member application is required. If it is difficult to find endorsers, please contact the IEICE Membership Activities Section by sending this sheet, and we will help you.*

I recommend this applicant for IEICE membership.

_____ _____ _____ _____
Endorser's name Membership number Endorser's signature Date