

Japanese Gastric Cancer Association (JGCA) Membership Application Form

Last name	First name	Date of birth	Gender
		(year/month/date)	<i>Male</i> <i>Female</i>
University graduated from :		Graduate School :	
Department :		Title of Course :	
Year of graduation :		Year of completion :	
Specialty registered in JGCA : <i>Surgery</i> <i>Internal medicine and Clinical medicine</i> <i>Basic Medicine</i>			
Your Contact Details (for JGCA Membership List)			
Affiliated Institution & Department :			
Job title :			
Address :			
Phone :		Fax :	
Shipping Address			
Same as above Other (please specify)			
Address :			
Phone :		Fax :	
Email address :			
<p>I hereby declare that the above information is true and correct and that, upon signing the membership application form, I will fully comply with the regulations of the JGCA and notifications issued by the JGCA, and will ensure that my activities as a JGCA member will not impair the reputation of the JGCA or cause misunderstanding among the public.</p> <p style="text-align: center;">(year / month / date)</p> <p style="text-align: center;">Signature of Applicant :</p>			

***** Do not fill in the following section. *****

Date received : (year / month / date)	Application Form Initial receipt : (year / month / date)	Part payment of membership fee Date received : (year / month / date)
Date membership approved : (year / month / date)	() (year / month / date)	() (year / month / date)
Membership Number :	() (year / month / date)	