APPLICATION FORM FOR THE MEMBERSHIP OF

SOCIETY OF GEOMAGNETISM AND EARTH, PLANETARY AND SPACE SCIENCES (SGEPSS)

Please fill and return this form by mail to
SGEPSS Desk c/o Proactive Inc.
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Sciences from	(year).			
Signature		Date		
The membership wi	ll be renewed autor	natically.		
Applicant's Informa	tion			
Name			(Dr. Prof. Mr. Ms.)	
Surname	Given name	Middle name		
	Sex <u>M</u>	ale / Female / Other / No	ot preferred to answer	
Chinese character's name if ye	ou have			
Affiliation:				
Address:				
		Fax:		
Telephone:		Fax:		
*Mailing Address: \square	Affiliation □ Hon	ne (<i>Please check with a t</i> .	ick.)	
*Date of birth		(month / date (optional) / year)		
		endorse my enrollment.		