**The Japanese Society for Horticultural Science**

Membership Application Form

for domestic members

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| ***Please type or write in block letters***  Name: First Name Middle Name Family Name  Advisor’s name (student member only):  Institution:    Address:    Telephone: Fax:  E-mail: @ |
| Annual Membership Fee for 　　　　　　(please state the year)  ***Please check the appropriate boxes***   |  |  |  |  | | --- | --- | --- | --- | | **Membership** | ***Hort. J.*** | ***Hort.Res. (Japan)*** | **Both journals** | | Regular |  | **□** 6,000 JPY | **□** 10,000 JPY | | Student |  |  | **□** 5,000 JPY | | Institutional | **□** 15,000 JPY | **□** 10,000 JPY | **□** 18,000 JPY |   Total JPY |
| Payment  **□** Postal Transfer  Account No: 00170-9-686192 Account Name: 一般社団法人園芸学会  **□** Credit Card:  **□** Visa **□** Master **□** American Express **□** JCB  Card Number: Expiry date: (M/Y)  Card holder’s name: Signature (required): |
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