**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 NameAdvisor’s name (student member only): Institution:  Address:  Telephone: Fax: E-mail: @  |
| Annual Membership Fee for 　　　　　　(please state the year)***Please check the appropriate boxes***

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| **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 **□** JCBCard Number: Expiry date: (M/Y)Card holder’s name: Signature (required):  |
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