

Japanese Society for the Science of Design
Application Form for Regular Members

Membership Number - -

Full name		Your home address	
Date of birth	year month day	Address	
Sex	Female / Male		
Latest education	School name	Phone	
	<input type="checkbox"/> Graduate school <input type="checkbox"/> University College	Facsimile	
	<input type="checkbox"/> High school	E-mail	
	Graduation year/month	Workplace or university	
Research interest (Be as detailed and specific as possible)		Name of workplace or university	
		Department	
		Managerial position	
		Address	
Journal destination	Home or Workplace	Phone	
Recommender or introducer		Facsimile	
		E-mail	
Other information			

If you also request our information by e-mail, please circle the applicable e-mail address in red.