Japan Association for Earthquake Engineering Application Date (Day/Month/Year) Admission Application Form/ Change Notification Form (Individuals) For notification of changes, fill in only the Application Date, Name 1. [] Individual Member and revised information. Membership Enter a check mark within the applicable bracket [] Qualification Please fax the completed form to +81-3-5730-2830, or send it to 2. [] Student Member office@general.jaee.gr.jp New members will introduced through the Association's homepage (name and affiliation only). Family name Given name Gender Male 2. [] Female Name Date of Birth (Day/Month/Year) Nationality Signature Contact 1. [] Office 2. [] Home Business or School Affiliation Postal Code Address Name & Department Title Tel Fax Postal Code Home Address Tel Fax Provide only one address and print clearly in large letters. E-mail Address **Graduation Date** School (Month/Year) Department/ Discipline