

The Japanese Society of Limnology

New Member Application

Member Information

_____ Month _____ Day _____ Year

If you do not agree to the publication of the membership list, please fill in the

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		Family name	Given name & Middle name			
	English					
	Birthday	Month	Day	Year	Gender	Female • Male
	Membership	Regular member • Supporting member • Student member				
	Affiliation	Institution, Organization, Department, School				
	Affiliation Address	Post code				
		TEL	FAX			
		E-mail				
	Personal Address	Post code				
		TEL	FAX			
		E-mail				
	Registration for mailing list	Agree → Affiliation address or Personal address Disagree				
	Research field (Multiple answers allowed)	(<input type="checkbox"/>)Biology, (<input type="checkbox"/>)Chemistry, (<input type="checkbox"/>)Physics, (<input type="checkbox"/>)Earth Science, (<input type="checkbox"/>)Social Science, Other ()				
	Study system (Multiple answers allowed)	(<input type="checkbox"/>)Lake, (<input type="checkbox"/>)River, (<input type="checkbox"/>)Stream, (<input type="checkbox"/>)Wetlands, (<input type="checkbox"/>)Groundwater, (<input type="checkbox"/>)Hot spring, (<input type="checkbox"/>)Paddy fields/Ditches, (<input type="checkbox"/>)Farm ponds, (<input type="checkbox"/>)Watershed, Drainage basin, (<input type="checkbox"/>)Brackish or Saline water, () Water supply and sewerage, Other()				
	Address for postal matter	Affiliation • Personal				
	Year of admission	_____ Year				