



**Membership Application Form**  
**Japan Society of Nutrition and Food Science**

日本栄養・食糧学会

Mail attached to [eishokujimu@jsnfs.or.jp](mailto:eishokujimu@jsnfs.or.jp) or send FAX to +81-3-6902-0072

Date \_\_\_\_\_

Please check membership category you are applying for Regular  Student

Name of Applicant \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Family Name First Name and Middle Name

Date of Birth \_\_\_\_\_ Male  Female   
Month Day Year

Nationality \_\_\_\_\_

Please check the box of institution or home address for receiving publication.

Institution/Company \_\_\_\_\_  
 Department \_\_\_\_\_  
 Position/Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City ,State,/Province \_\_\_\_\_  
 Postal Code, Country \_\_\_\_\_  
 Phone No. \_\_\_\_\_ FAX No. \_\_\_\_\_

Home Address \_\_\_\_\_  
 City ,State,/Province \_\_\_\_\_  
 Phone No. \_\_\_\_\_ FAX No. \_\_\_\_\_

E-mail \_\_\_\_\_

**Educational Status**

Graduated from \_\_\_\_\_  
 Year \_\_\_\_\_

Dates	Degree	Institution
_____	_____	_____
_____	_____	_____

### Major Field of Study

Please check up to three items

Nutritional Physiology	
Nutritional Biochemistry	
Molecular Nutrition	
Public Health Nutrition	
Clinical and Pathological Nutrition	
Ecology of Eating	
Cookery Science	
Food Chemistry and Food Analysis	
Food Functionality	
Food Engineering	
Processing, Distribution, and Storage of Food	
Hygiene and Safety of Food	
Physiology	
Biochemistry	
Molecular Biology	
Clinical Medicine (Internal)	
Clinical Medicine (Surgical)	
Others ( )	
<b>Describe your research ( less than 10 words)</b>	

### Reference Information

Introduced by \_\_\_\_\_

(The reference person must be a JSNFS member. If you are unable to find one, provide the name of your adviser or supervisor) .

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### Membership Fees and Payment

Annual membership fee is 10,000 yen for regular member or 4,000 yen for student

Payment should be made by bank transfer to:

Mizuho Bank ,Waseda Branch Savings Account No. 2088982

Bank Code 0001.

Bank charge is not included in the above annual fee,