

**Please fill in the form below and return the completed form to either:**

- by fax to: +81-6538-2169, or
- by mail to: THE SOCIETY FOR ANTIBACTERIAL AND ANTIFUNGAL AGENTS, JAPAN  
Room No. 703B, Shin-kosan Building / 13-38, Nish-hon-machi 1-chome,  
Nishi-ku, Osaka 550-0005, JAPAN

**APPLICATION FORM FOR OVERSEAS MEMBERSHIP**

Name	forename (middle name, if any) surname	Nationality
	Mr./Ms./Dr. _____	
Date of Birth		
Name and Address of Employers	Employers:  Address   Telephone _____ Telefax _____ e-mail _____	
Private Address		Mailing Address Check the appropriate box. <input type="checkbox"/> Private <input type="checkbox"/> Works
Educational And Professional Career	Graduated from: _____ in _____ (year) Professional Career: _____	Academic Degree
Other Academic Societies I am joining		
Proposed by (if any)	Mr./Ms./Dr. _____	Signed _____
Application Date	_____	
* Approved (for office use only)		* Membership No. (for office use only)

I enclose my annual membership fee covering April 2016 to March 2017

**Japanese Yen 10 000.-**

Note: A quarterly BIOCONTROL SCIENCE (*in English*) is circulated, free of charge, for Overseas Member.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**If you need an invoice to remit, please contact a secretary.**

The remittance may also be made either:-

- by bank check payable to: The Society for Antibacterial and Antifungal Agents, Japan, or
- by bank transfer to: Shinano-bashi Branch, The Bank of Tokyo-Mitsubishi UFJ ,Ltd.; Saving Account No.37600

You are kindly requested that if you remit by bank transfer, to avoid the confusion, please inform us, by fax, of the name, and fax No. of remitter, name of bank and date of remittance, in advance.