

# APPLICATION FORM FOR MEMBERSHIP

Fax: +81-75-415-3662

Please type or print in block letters and check the box marked \*check if you want to keep the item private

Title/Position:.....

Name:.....  
First Name, Middle Name (or Initial), Family Name

\*  Institution:.....

\*  Mailing Address:.....

..... Country (.....)

\*  Telephone number:..... \*  Fax number:.....

\*  E-mail address:.....

\*  Web site:.....

Fields of research (Please choose up to 6 fields from the list and indicate your choice with number)

(.....)(.....)(.....)(.....)(.....)(.....)

(1) Reproduction (2) Growth/Nutrition (3) Differentiation/Development (4) Morphogenesis (5) Cell Cycle/Division (6) Senescence/Cell Death (7) Biomembranes (8) Cell Walls (9) Organelles (10) Cytoskeletons (11) Photosynthesis (Primary Processes) (12) Photosynthesis (Biosynthetic Processes) (13) Primary Metabolism (14) Secondary Metabolism (15) Enzymes (16) Response to Light (17) Response to Gravity (18) Stress/Wound Response (19) Environmental Response (20) Plant Hormones/Growth Regulators (21) Signal Transduction (22) Gene Regulation (23) Epigenetics (24) Plant-Microbe Interaction (25) Intracellular Protein Transport (26) Genomics (27) Proteomics/Metabolomics (28) Bioinformatics (29) Transformation (30) Cell/Tissue Culture (31) Phytoremediation (32) Phylogeny/Taxonomy/Evolution (33) Ecology (34) Education

## Please check

### Membership type:

\* We encourage the members to choose "on-line only" option, in order to consider environmental load.

Regular, PCP on-line only (JPY9,000.-)  Regular, PCP on-line + print (JPY9,000.-)

Student, PCP on-line only (JPY4,000.-)  Student, PCP on-line + print (JPY4,000.-)

### Membership for:

Membership for this year  Membership for the next year  Membership for this year and next year

A bill is required (a separate application form will be sent with the bill)

\* NEVER send a check because cashing a check in Japan is as expensive as (or even exceeding) your payment itself.

Credit card:  VISA  Master  American Express  JCB

.....  
Card Number

.....  
Expiration Date

.....  
Card Holder's Name

.....  
Signature (required)

To qualify for student membership, the following statement must be completed by student's faculty advisor.

I affirm that the person named above is a full-time student at .....

.....  
Advisor's Signature

.....  
Date

.....  
Title

### Management of personal information

JSPP manages personal information with responsibility and uses personal information within an appropriate range for management of the society, and list-of-names distribution to the members. Moreover, in order to make the management of the society smooth, personal information may be opened to the councilors. JSPP may deposit personal information required for business, when JSPP commissions a part of society's work to the affiliate companies. In addition, when disclosure, correction or deletion of personal information is requested, or the information from JSPP is unnecessary, please contact the following:

Secretariat: Fax. +81 75 415 3662 E-mail jspp@nacos.com