

# Japanese Society of Periodontology

(Secretariat) Zip code: 170-0003

c/o Koku hoken kyokai, 1-43-9

Komagome, Toshima-ku, Tokyo, JAPAN

TEL: +81-3-3947-8891 FAX: +81-3-3947-8341

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## *Membership Guidance*

Welcome to the Japanese Society of Periodontology.

Please fill in the “Application Form for Membership” and send it to the Secretariat by the above e-mail address, fax, or postal mail.

Membership	Annual Membership Fee	Notes
Regular	¥12,000 (No entry fee)	Fiscal year of JSP begins on April 1 and ends on May 31.
Associate	¥9,000 (No entry fee)	

Payment of the annual fee is only by a bank transfer.

Please remit to the account of the Japanese Society of Periodontology

BANK NAME The Bank of Tokyo-Mitsubishi UFJ, Ltd.

BRANCH NAME Komagome Branch

BANK ADDRESS 2-3-1, Komagome, Toshima-ku Tokyo 170-0003  
Japan

BANK No. 0005

BRANCH No. 061

SWIFT CODE BOTKJPJT

ACCOUNT NAME THE JAPANESE SOCIETY OF PERIODONTOLOGY

ACCOUNT No. 4640401

# Japanese Society of Periodontology (JSP)

## Application Form for Membership

Date:        /        /

To: JSP Secretariat: 170-0003 c/o Koku hoken kyokai, 1-43-9 Komagome, Toshima-ku, Tokyo, JAPAN

Fax: +81-3-3947-8341    e-mail: gakkai6@kokuhoken.or.jp

Please fill out exactly and submit to < gakkai6@kokuhoken.or.jp >

First Name					
Last Name (Family Name)					
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	/    /		
Final Education			Year:		
Degree	<input type="checkbox"/> DDS <input type="checkbox"/> PhD <input type="checkbox"/> MD <input type="checkbox"/> Other				
Affiliation					
Membership Category	<input type="checkbox"/> Regular <input type="checkbox"/> Associate				
Mailing Address					
City		Postal Code			
State		Country			
Phone		Fax			
E-mail					
Occupational Category					
<input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Dental Technician <input type="checkbox"/> Others					
		Member ID (no need to fill out)			