Welcome to the Japanese Society of Periodontology.
Please fill in the “Application Form for Membership” and send it to the above e-mail address, fax, or postal mail.

<table>
<thead>
<tr>
<th>Membership</th>
<th>Annual Membership Fee</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular</td>
<td>¥12,000 (No entry fee)</td>
<td>Fiscal year of JSP begins on April 1 and ends on May 31.</td>
</tr>
<tr>
<td>Associate</td>
<td>¥9,000 (No entry fee)</td>
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1. 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.     0543445

2. As a member, you will receive the official journal which will be issued after your membership registration is complete.
Japanese Society of Periodontology (JSP)

Application Form for Membership

Date: / / 

To: JSP Secretary:
Zip code: 170-0003
c/o Koku hoken kyokai, 1-43-9 Komagome, Toshima-ku, Tokyo, JAPAN
Fax: +81-3-3947-8341 e-mail: gakkai16@kokuhoken.or.jp

Please fill out exactly and submit to < gakkai16@kokuhoken.or.jp >

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name (Family Name)</th>
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<table>
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<tr>
<th>Sex</th>
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<th>Female</th>
<th>Date of Birth:</th>
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<tr>
<th>Final Education</th>
<th>Year:</th>
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<tr>
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<th>PhD</th>
<th>MD</th>
<th>Other</th>
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<tr>
<th>Occupational Category</th>
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<tbody>
<tr>
<td>Dentist</td>
<td>Dental Hygienist</td>
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Member ID (no need to fill out)

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<th>Date: ____________________</th>
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Name (print): ____________________