## 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 E-mail: gakkai16@kokuhoken.or.jp

## Registration Guidance

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.

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

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

Please remit to the account of the Japanese Society of Periodontology

	1
BANK NAME	The Bank of Tokyo-Mitsubishi UFJ, Ltd.
<b>BRANCH NAME</b>	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:	/	/
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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 >

First Name									
Last Name									
(Family Name	)								
Sex	□Mal	е	□Female	Date of Birt	h:		1	1	
Final						Year:			
Education						rour.			
Degree		S	□PhD			□Ot	her		
Affiliation									
Mailing Add	ress								
City				Postal Code	)				
State				Country					
Phone				Fax					
E-mail									
Occupational Category									
□ Dentist □ Dental Hygienist □ Dental Technician □									
Others									
				Member ID					
				(no need to fill ou	ut)				

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

Name (print): \_\_\_\_\_