Accepted: _____
Approved: _____
Date of admission: _____

Application Form
(International Affiliate Member)

Name: _____ Initials: _____
Date of Birth: _____ Sex: Male Female
Nationality: _____
Present Occupation: _____
Scientific Organization of which the applicant is full member:
1. _____
2. _____
3. _____
Academic/Professional Career:
Final Education: _____
Professional Career: _____
Present Address: _____
Tel: _____ Fax: _____
E-mail: _____
Professional Address: _____
Name of Organization (Firm) : _____
Address: _____
Tel: _____ Fax: _____
E-mail: _____
Mailing Address: 1. Present address 2. Professional Address
3. Others (specify below)
Designated Mailing Address: _____
_____

Date of Application: _____

Applicant: _____

I recommend Mr./Ms. _____ as an
International Affiliate Member of the Japanese Orthopaedic Association.

_____
Representative (District)
Japanese Orthopaedic Association

_____
Representative (District)
Japanese Orthopaedic Association