Japanese Society of Radiation Oncology

Membership Application Form

Date of application: 　 (year/month/date)

**Check all □ that applies。**

Last name first name

**Name: 　　　　　　Gender: Male / Female**

**Date of Birth: (year/month/date) Nationality:**

**Medical license**: 　 **□ Domestic □International**

**□　doctor　□ medical physicist　□medical radiologist　□nurse　□others**

Acquired in year: 　　　　　 　　　 Qualifications:

The percentage is engaged in radiation therapy: □100％　□＞80％　□80-50％　□＜50％　□0

**Membership classification**

**□　(1) International supporting member, please check one of the following ★**

**(□Newsletter International Delivery □Newsletter Domestic Delivery □Both not required)**

**Following（2）and (3) only applies to domestic medical license holders.**

**□　*(2) Regular member*□　*(3) Associate member***

**Contact Details;**

Affiliated Institution & Department :

　　　　　　　　　　　　　　　　　 Job title:

Address:

Tel: Fax:

**Shipping Address**:

Same as above / Other

**Email address:** (Institution/ Other):

**University Graduated**:

　Name of university: 　　　　　　　　　　　　 　　　　 Graduated in year:

**Recommendation** (year/month/date)

I hereby recommend the above applicant for regular membership of the JASTRO.

**(1) International supporting member ★**

**Signature** 　　　　　　　　**Signature** 　　　　（1 Director）

***（2）Regular member***

**Signature**（1 Delegate /1 Certified Radiation Oncologist）

**OR　Signature**（2 regular members ） 　／

***（3）Associate member***

**Signature**（1 regular member ）