

# ISS Corresponding Membership Application Form

I hereby apply for ISS Corresponding Members (Please print)

NAME: \_\_\_\_\_  
                                given                                middle                                family

DATE OF BIRTH: 19\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                                year                month                day

SEX: M , F

**ADDRESS for CORRESPONDENCE:** (INSTITUTION / HOME)

Institution's NAME (Please include Division name)

\_\_\_\_\_  
\_\_\_\_\_

ADDRESS (Institution / Home) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_(Postal code)                                (COUNTRY)\_\_\_\_\_

PHONE\_\_\_\_\_FAX\_\_\_\_\_

**E-MAIL** \_\_\_\_\_

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Please send the Form to the ISS Secretariat, Child Neurology Institute, Tokyo, either via Fax +81-3-3740-0874, or e-mail at < iss-contact@iss-jpn.info >