Application Form for the Membership of The Society for Bioacoustics

Date

I expect the membership of ***The Society for Bioacoustics*** from      (year)\*.

**Name**: Given name Middle name Surname (Prof. Dr. Ms. Mr.)

**Name in Chinese Character, if any**:

**Sex** (please check): [ ] **Male**  [ ] **Female**

**Birthdate**:

**Home Address**:

**Phone**:       **FAX**:       **E-mail**:

**Affiliation**:

**Department /Section**:

**Postal Address**:

(Zip Code)       (Country)

**TEL**:       **FAX**:       **E-mail**:

 **(country code**:      **)**

**Speciality**(please check)

【Organism】(multiple select)

[ ] Apes including humans [ ] Bats [ ] Marine animals [ ] Fishes [ ] Insects

[ ] Amphibians and reptiles [ ] Other organisms

【Research field】(multiple select)

[ ] Audition [ ] Speech [ ] Communication [ ] Echolocation [ ] Devices

[ ] Psychology [ ] Medicine [ ] Agriculture and fisheries [ ] Other research fields

**Educational Background** (please check and fill in)**:**

[ ] Doctoral student[ ] Master's degree student [ ] Undergraduate student [ ] High School student (Year of graduation:      )

**Last Degree**:

**Profession**:

**Mailing Address** (please check): [ ] **Affiliation**  [ ] **Home**

**Membership** (please check one)

[ ] Regular Membership 7,000 yen per year

[ ] Regular Membership (Graduate Student) 3,000 yen per year

[ ] Student Membership (University Student) 1,000 yen per year

[ ] Student Membership (High School Student) 500 yen per year

Please make the membership payment after receiving the invoice within a month. Major credit cards are acceptable.

Please fill in and send this form to:

**Secretariat of The Society for Bioacoustics**

5-3-13 Otuka, Bunkyo-ku, Tokyo 112-0012, Japan

Tel. +81-3-5981-6011/Fax. +81-3-5981-6012

E-mail: sfb@asas-mail.jp