

Application Form to join the Folklore Society of Japan

일본민속학회 입회신청서

TODAY'S DATE 날짜							
NAME 성함	_____ (Please print) (이름을 써 주세요) _____ (Please provide your stamp or signature) (인감 또는 싸인]						
DATE OF BIRTH 생년월일							
HOME ADDRESS 주소							
TELEPHONE 전화번호							
FAX							
EMAIL	(This address will be placed on a mailing list for distributing announcements to society members.)						
AFFILIATION 소속명							
OFFICE ADDRESS 근무처							
OFFICE TELEPHONE 근무처 전화번호							
PREFERRED ADDRESS TO RECEIVE FSJ MAILS 회지 우송지	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">HOME</td> <td style="width: 33%;">OFFICE</td> <td style="width: 34%;">(Please check or circle)</td> </tr> <tr> <td>자택</td> <td>근무처</td> <td>(동그라마 쳐 주세요)</td> </tr> </table>	HOME	OFFICE	(Please check or circle)	자택	근무처	(동그라마 쳐 주세요)
HOME	OFFICE	(Please check or circle)					
자택	근무처	(동그라마 쳐 주세요)					

RECOMMENDER'S NAME 推荐者姓名/推薦者姓名	_____ (Please print) (이름을 써 주세요) _____ (Please provide his/her stamp or signature) (추천자의 인감 또는 싸인)
RECOMMENDER'S ADDRESS 추천자 주소	