

# The Japanese Academy of Budo Membership Application Form

## 1. Regular Member    2. Student Member

Date of Application : (dd/mm/yyyy) \_\_\_\_\_

Membership Application Year		For Office Use
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Name	Family Name	Given Name(s)	
D.O.B.	(dd/mm/yyyy)	Sex	Male • Female

Preference for Postal Correspondence (please circle)	1. Work	2. Home
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**Work**

Name			
Position			
Address			
	TEL:		FAX:

**Home**

Address			
	TEL:		FAX:
e-mail			

**Name of Referring Member (If you have a referring member, enter their name here)**

/Signature _____	Affiliated Institution	
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**Research / Budo Experience**

Outline of Research		Field (please circle)	Humanities/Social Sciences
			Natural Sciences
			Budo Instruction
Budo Experience			