

Pharma Delegates Membership Application Form

(Please fill out a separate form for each membership application)

Name (in English)	
Name (in Japanese)	
Title (example: M.D., Ph.D.)	
Business title (in English)	
Business title (in Japanese)	
Business Dept/Section (in English)	
Business Dept/Section (in Japanese)	
Company Name (in English)	
Company Name (in Japanese)	
Company Classification	<input type="radio"/> Pharmaceutical <input type="radio"/> Diagnosis <input type="radio"/> Device <input type="radio"/> Research / Consultant <input type="radio"/> Media <input type="radio"/> Other (Please specify: _____)
Address	
Telephone	
Fax	
Email address	

Applicant's Signature: _____ Date: _____

If you wish to apply for more than one membership, please kindly make the appropriate number of photocopies of this application form and return them to the address below.

Please note that future meeting announcements will be sent to each Pharma Delegates member. If you wish to keep other colleagues in your organization informed of meeting announcements, we suggest that you circulate copies of the monthly announcements to them.

Remittance Information

The membership fee should be paid by bank transfer within 30 days of the application date.

Bank Name: SMBCTRUSTBANK (SMBCSHINTAKUGINKOU) (SMBC信託銀行)
Branch Name: Kobe Branch (Tel: 078-265-2415)
Bank code: 0300
Account No.: 0531162 (Toza-Checking account)
Account Name: Pharma Delegates (ファーマデレゲーツ)

Please fill in this membership application form and return it to the secretariat.

If you need an invoice, please contact the secretariat as bellow indicating any invoice requirement.

Chiuno Shimada

Secretariat to Pharma Delegates

850-1 Sue, Hatoyamamachi, Hiki-gun, Saitama 350-0370

e-mail: secretary@pharmadelegates.jp