Application Form for NIIGATA DENTAL SOCIETY

・Please add Katakana to your name.

0	Membership Number	*Please do not need to fill in this field.		
1		Last Name	Middle Name	First Name
	English Alphabet			
	Katakana			
2	Resident Address	Postal code:		
3	Phone number			
4	Date of birth			Example: April 1, 2001 →20010401
5	Belong to Niigata university or not	☐ On campus	Division of _____ Extension phone number (4 digits):	
6	Contact Person (Japanese) Professor/Supervisor			
7	Address of Workplace	Postal Code: 951-8514 Niigata University Faculty of Dentistry		
		2-5274, Gakkocho-dori, Chuo-ku, Niigata-shi, Niigata, JAPAN		
8	E-mail address provided by Niigata University			
	Other E-mail address			

I would like to apply for the Niigata Dental Society member, and herewith pay the membership fee (**3,000 yen: residents and graduate students, 5,000 yen: regular members, 1,000 yen: undergraduate students)**

Date: _____/YYYY _____/MM _____/DD

Submission to: Niigata Dental Society Secretariat

〒951-8514 Niigata Prefecture, Niigata City, Chuo-ku, Gakkocho-dori 2 Bancho 5274

Secretariat: Ms. Tsuneko TSUTSUMI

e-mail: nds@dent.niigata-u.ac.jp, TEL: 025-227-2928

*When you submit the application by email, the subject (title) of the e-mail must be "Application for Niigata Dental Society (your name) ".