

**Japanese Society for Zooarchaeology  
Membership Application Form**

Date (yy/mm/dd) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Desired year of membership (Fiscal year) \_\_\_\_\_

Membership types (circle one or more)

General member, Student member, Group member, Affiliate member

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

(Office/ Home)

Phone number: \_\_\_\_\_

(Office/ Home)

*\*Circle either office or home for address and phone number.*

E-mail: \_\_\_\_\_

Mail to:

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