



Asian College of Neuropsychopharmacology

Application for Membership

Date :

Name : (Last)	(First)	Male / Female
Date of birth :		
Type ID : <input type="checkbox"/> Individual Membership <input type="checkbox"/> Corresponding Membership <input type="checkbox"/> Corporate Membership (✓check)		
Documents destination : <input type="checkbox"/> Office <input type="checkbox"/> Home (✓check)		
Office Name		
Office Address : 〒		
TEL :	FAX :	E-mail :
Degree(s)		
Home Address : 〒		
TEL :	FAX :	E-mail :
Name of member who recommend you (if applicable) :		
Your motivation to join in the AsCNP :		

Note : please write in block letters.

Annual membership fees can be paid only by bank transfer.
membership fees:USD10.00

※Please email this application and your CV to:

Asian College of Neuropsychopharmacology (AsCNP) Secretariat
c/o Convention Linkage, Inc.

2 Sanbancho Chiyoda-ku, Tokyo 102-0075, Japan

Phone: 03-3263-8688 / Fax: 03-3263-8693

Email: secretariat@ascnp.org