



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 (✓ 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: 25USD for 1 year or 100USD for 5 years

※Please email this application and your CV to:

Asian College of Neuropsychopharmacology (AsCNP) Secretariat  
c/o A & E Planning Co., Ltd.

Hitotsubashi Bekkan 4F, 2-4-4 Hitotsubashi, Chiyoda-ku, Tokyo 101-0003

Phone: 03-6685-8760 / Fax: 03-3230-2479

Email: secretariat@ascnp.org