2005 SICE Membership Form

Please type or print legibly.

Membership ID#

			<u> </u>	(Prof. Dr. Mr. Ms.)	
Last Name/Family Name	Given Name MALE	FEMALE	Middle Initial		
Date of Birth		_ 1			
Company/University					
Department					
Address					
Zip Code	Country		Phone	Fax	
E-mail					
Home Address					
Zip Code	Country		Phone	Fax	
Membership: Return Address: Subscription of Ti	REGULAR COMPANY ansactions: Yes	HOME			
Chang	a one): application ge of address bership Renewa	1			
[] I agree □Access □		n of ¥ ess □Master •			
Card Number:				Exp. Date:	
Name of Card Holder	(block letter):				
[] Bank di [] The su	n of ¥	rder for ¥ was paid to	the A/C No.10	sed. 18600 (The Society of Instrum nkyo-ku, Tokyo 113-0033, Jap	
(Name of Ba	unk)		on	(Date)	
Date:		Signature:			

Payment should be made in Japanese Yen. Personal checks not accepted. Bank draft/money order must be made payable to "The Society of Instrument and Control Engineers." Please return this form to SICE Secretariat (Hongo 1-35-28-303, Bunkyo-ku, Tokyo 113-0033, Japan).