

## Regulation to get Membership of JSRM:

Please fill necessary article to each column of membership application document (attached) and send by postal mail to JSRM secretariat.

Membership registration fee (check) should be send together with the document:

Entrance fee ¥5,000 , Yearly membership fee ¥10,000

Registration fee should be send to the following Bank account..

**Risona Bank Habikino-branch (Osaka) Futsuu account No. 5179704.**

**Nihonn Ryodoraku Jiritsushinkei Gakkai (JSRM)**

We send Ryodoraku member's certificate and Ryodoraku basic textbook(English) after we confirm your money received.

## Application form of Japanese Society of Ryodoraku Medicine Membership (申込用)

Dear president of JSRM

Tatsushi Itou, Md., Phd.

I approve with the main point of Japanese Society of Ryodoraku Medicine (JSRM), so I would like to apply acceptance of the JSRM membership as articles below.

Date : \_\_\_\_\_

Name(Signature) \_\_\_\_\_

### 日本良導絡自律神経学会会員原簿 (JSRM membership Ledger)

Please fill each column, □check mark

フリガナ			生(Birth) 年(Year) 月(Month) 日(Day)
氏名 (Name)	-----		大正 昭和 年 月 日生 平成 Y. M. D ( 19 , , )
自宅住所 (Address of your residence)	(Country)----- (Address)----- (Zip Code)-----		
Telephone number	— —	FAX — —	E-mail:
勤務先 (Working office)	----- Subject( )		<input type="checkbox"/> Practical (開業) <input type="checkbox"/> Serve (勤務) (役職) (position)( )
住所 (Address of working office)	----- -----		
Telephone number	— —	FAX — —	E-mail:
The destination of postal mail: ( <input type="checkbox"/> Home <input type="checkbox"/> Working office)			
Final school career	(name of school)		(graduate year) 19 ,
資格 (License or Qualification)	<input type="checkbox"/> Medical Doctor (医師) <input type="checkbox"/> Veterinarian (獣医師) <input type="checkbox"/> Nurse (看護師) <input type="checkbox"/> Dental Doctor (歯科医師) <input type="checkbox"/> Pharmacist <input type="checkbox"/> PT (薬剤師) <input type="checkbox"/> OT <input type="checkbox"/> Acupuncture (鍼灸師) <input type="checkbox"/> Massages (マッサージ師) <input type="checkbox"/> Student ( ) (学生) <input type="checkbox"/> Other ( ) (その他)		
現職 (Career of medical or acupuncture)	(Please write detail, altogether former study or career) ----- -----		
※ 登録年月日 (平成 年 月 日) ※ 会員No.			