

INTERNATIONAL UKIYO—E SOCIETY

Date / /

application form

<input type="checkbox"/> Mr.		first name
<input type="checkbox"/> Ms.		
address		
		country
TEL		FAX
<input type="checkbox"/> place of work		
<input type="checkbox"/> student/school name		
date of birth (age)		introducer
reason for joining		field of interest
type of membership	<input type="checkbox"/> Individual	<input type="checkbox"/> Sustaining <input type="checkbox"/> Patron
Payment method	<input type="checkbox"/> VISA <input type="checkbox"/> Master	<input type="checkbox"/> Amex
Valid Date /		credit card #

Please send this application form by FAX.(+81-3-3543-7761)