

Membership Application Form For FAX

*All items are required

Membership category	<input type="checkbox"/> Regular <input type="checkbox"/> Student	
Name	_____	_____
	Family Name	Middle Name First Name
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	/ / (yyyy/mm/dd)	
Graduation institution and Year		
Name of supervisor	(If you are student)	
Research subjects and interests (choose to two)	<input type="checkbox"/> Magnetism/Physics <input type="checkbox"/> Soft magnetic materials <input type="checkbox"/> Hard magnetic materials <input type="checkbox"/> Super lattice/Multilayer film <input type="checkbox"/> Thin film/Fine particles <input type="checkbox"/> Bio/Chemical magnetism <input type="checkbox"/> Power and control magnetic <input type="checkbox"/> Magnetic recording <input type="checkbox"/> Instruments/High frequency device	
E-mail		
Contact	<input type="checkbox"/> Company/University <input type="checkbox"/> Home	
Company/University	Name	
	Division	
	Address	
	Phone	
Home	Address	
	Phone	