

**APPLICATION FORM FOR THE MEMBERSHIP OF
SOCIETY OF GEOMAGNETISM AND EARTH, PLANETARY AND SPACE SCIENCES (SGEPSS)**

Please fill and return this form by mail to

SGEPSS Desk c/o Proactive Inc.

Promena-Kobe 16F, 1-8-1, Higashi-kawasaki-cho, Chuo-ku, Kobe 650-0044, Japan

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I apply for a membership of Society of Geomagnetism and Earth, Planetary and Space Sciences from _____ (year).

Signature _____ Date _____

The membership will be renewed automatically.

Applicant's Information

Name _____ (Dr. Prof. Mr. Ms.)

Surname

Given name

Middle name

Sex _____

Chinese character's name if you have _____

Affiliation: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Home Address: _____

Telephone: _____ Fax: _____

*Mailing Address: Affiliation Home (*Please check with a tick.*)

*Date of birth _____ (month / date / year)

*Special field of interest _____

*Names of two SGEPSS members whom I know personally or through their scientific works.
