The Shakespeare Society of Japan

Membership Application Form

［Please delete as appropriate］

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| Name | (Dr./ Prof./Mr./ Ms.) |
| Postal code & Address |  |
| Telephone |  |
| Email address |  |
| Affiliation | **Academic rank or status**: Professor / Associate Professor / Full-time Lecturer / Part-time Teacher / Graduate Student / Other |
|  | ［Please fill your admission year in the blank below.］（Membership is valid one year from 1st April to 31st March next year.）  **I wish to join the Shakespeare Society of Japan from（　　　　　　）.**  **Membership option:** Regular member / Student member / Corporate member    \* Students must submit a copy of student ID. |
| Date of Application | / /  (Day / Month / Year) |