Application （Supporting）

申込日： Application date：　　　　. .

|  |  |  |
| --- | --- | --- |
| Company name | Furigana | |
| Roman alphabet | |
| Address | 〒 | E-mail：  Tel：  Fax： |
| Representative | Name | E -mail： |
| Department・Position | Tel： |
| Registered person１  （manager） | Name | E -mail： |
| Department・Position | Tel： |
| Registered person２ | Name | E -mail： |
| Department・Position | Tel： |
| Registered person３ | Name | E -mail： |
| Department・Position | Tel： |
| Registered person４ | Name | E -mail： |
| Department・Position | Tel： |
| Recommender | mark | remarks |

Fill out the following at the secretariat

|  |  |  |  |
| --- | --- | --- | --- |
| Board approval | **. .**  approval | Annual fee payment date | **. .** |

【Notes on filling】

・Need recommendation of one member

　・Members can be changed even after registration. Please contact the secretariat.