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.