



AASD Individual Membership Application Form

Title: Prof. Dr. Mr. Ms.

First Name: _____ Family Name: _____

Middle Name: _____ Date of Birth (mm/dd/yyyy): _____

Institution/Department: _____

Present Position 1: _____ Present Position 2: _____

Qualification 1: _____ Qualification 2: _____

Tel: _____ Fax: _____

E-mail: _____ @ _____

Address: This address will be used for mailing JDI and other documents.

Office Home (Please write accurately in an easy-to-read manner)

Street: _____

Post Code: _____ City: _____ Country: _____

Choose one Category (annual membership fee) / Occupation that fits you (mark with)

Categories	Occupations
Professional I (100USD)	<input type="checkbox"/> Physician <input type="checkbox"/> Scientist <input type="checkbox"/> Other
Professional II (50USD)	<input type="checkbox"/> Graduate, undergraduate student <input type="checkbox"/> Clinical resident <input type="checkbox"/> Postdoctoral research fellow or clinical fellow <input type="checkbox"/> Healthcare professional other than physician (nurse, dietician, physician assistant, etc.)
Associate (30USD)	<input type="checkbox"/> Those not from endorsed organizations and not living in high income country/region

*Annual fees are subject to change by executive board.

*Exchange rate 1USD=100JPY for those living in Japan

I hereby apply for active membership in the Asian Association for the Study of Diabetes and will abide by the Association's rules. I declare the information submitted is, to the best of my knowledge, accurate and complete.

Date (mm/dd/yyyy): _____

Signature: _____ (Omit when sending via e-mail)

To apply for membership, fill out this form and send it via fax or E-mail

Fax: **+81-3-3514-1725** e-mail: office@aa-sd.org

The application will be processed when we confirm your payment of membership fee.

Asian Association for the Study of Diabetes,
The Secretariat of AASD
8F, 2-2-4, Kojimachi, Chiyoda-ku, Tokyo 102-0083 Japan
E-mail: office@aa-sd.org
Tel: +81 3-3514-1721 Fax: +81 3-3514-1725



Promoting Research for Better Diabetes Care in Asia

Notice

Dear Prospective Member,

- To apply for membership, fill out this form and send it via fax or e-mail attachment. You may register via our website as well.
- The application procedure will be completed after the AASD office verifies your payment of the annual membership fee.
- Credit card payment is required. Please note that bank transfer is available ONLY for members living in Japan.
- Membership is automatically renewed unless you notify of withdrawal from AASD.
- The annual membership fee will be charged to the credit card used the previous year.
- The AASD office will remind you of renewal and payment before the due date via e-mail. Please register your main e-mail address accurately.
- The AASD office will issue receipt in PDF format for your payment via e-mail.
- If you have any questions, please contact the AASD Office at office@aa-sd.org