



# Asian Association for the Study of Diabetes

8F Kojimachi Central Building, 2-2-4 Kojimachi, Chiyoda-ku, Tokyo 102-0083, Japan

Tel: +81-3-3514-1721/Fax: +81-3-3514-1725 E-mail: [office@aa-sd.org](mailto:office@aa-sd.org)

## AASD Individual Membership Application Form (Professional I & II)

Title:  Prof.       Dr.       Mr.       Ms.

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

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

Institution/Company Name: \_\_\_\_\_

Present Position 1: \_\_\_\_\_ Present Position 2: \_\_\_\_\_

Qualification 1: \_\_\_\_\_ Qualification 2: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Address: This address will be used for the mailing of JDI and other documents (Please write clearly)

Office       Home

Street: \_\_\_\_\_

Post Code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Choose one Category/ Occupation that fits you (mark with ✓)

Categories	Occupations
Professional I	<input type="checkbox"/> Physicians
	<input type="checkbox"/> Scientists
Professional II	<input type="checkbox"/> Graduate, undergraduate students
	<input type="checkbox"/> Clinical residents
	<input type="checkbox"/> Postdoctoral research fellows and clinical fellows
	<input type="checkbox"/> Healthcare professionals other than physicians (nurses, dieticians, physician assistants, etc.)

\*Annual fees are subject to change by executive board.

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 send via e-mail)

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

To apply for membership you need to fill out this form and send it via fax or E-mail attachment.

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## Notice

Dear Prospective Member,

\*To apply for membership you need to fill out and send the Membership Application Form via fax or E-mail attachment. You may register via our website as well

<http://www.aa-sd.org/>

\*The type of membership and the annual fees are as follow. It includes JDI subscription and full access to articles online.

Categories Regions	Individual		<a href="#">Group</a>	<a href="#">Corporate</a>
	<a href="#">Professional I</a>	<a href="#">Professional II</a>		
Japan	10,000JPY	5,000JPY	10,000JPY per member	10,000JPY per member
Other nationalities	100USD	50USD	100USD per member	100USD per member

\*Annual fees are subject to change by executive board.

\*Payment using **credit card is highly recommended**. Please note that, no bank transfer is available for individual member from countries other than Japan. We accept bank transfer for multiple-year payment or paying in group. Please contact AASD office.

\* Membership is automatically renewed and the annual dues will be charged automatically on the renewal date for all members who have not notified the withdrawal to AASD office.

\*For Japanese members who paid via bank transfer, a commission for transfer would be paid by applicant. The office will send notice before the renewing date. Bank Information is as follow.

The Bank of Tokyo-Mitsubishi UFJ, Ltd. (Swift Code: BOTKJPJT)

Kojimachi Branch, Savings Account

Account name: AASD, Account No.: 0023725

\*Please be aware that a commission for transfer would be paid by applicant.

\*The application procedure will be completed after AASD office verifies your deposit slip of annual fee. We will send you an e-mail for verification of your payment. If you don't get the e-mail despite you have completed the payment after one month, please contact us:

[office@aa-sd.org](mailto:office@aa-sd.org)

Thank you very much in advance for your prompt payment. We are looking forward to your continuous support.

Best regards,

The Secretariat of AASD