



## Membership Application Form The Physiological Society of Japan

**Membership category** you are applying for (check one):

- Regular  Student  
 Temporary Regular\*  Temporary Student\*

\*Temporary membership is effective only for participation in an annual meeting and regional meetings.

**Name of Applicant:** \_\_\_\_\_  
Last First Middle

**Date of Birth:** \_\_\_\_\_ **Gender:**  Male  Female  
Month/ Day/ Year (Optional)

**Nationality:** \_\_\_\_\_

### Address for Correspondence

Street \_\_\_\_\_  
City/State/Zip/Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail Address \_\_\_\_\_ URL \_\_\_\_\_

**Education** (For student membership, include the degree and pending date of completion)

	<u>Institution</u>	<u>Field of Study</u>	<u>Dates</u>	<u>Degree</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

### Current Employment

_____	_____	_____
Title	Institution	Department

### Prior Positions

_____	_____	_____
_____	_____	_____
_____	_____	_____
Title	Institution	Department

**Areas of Research** (select up to 3 categories from the following list)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

[PSJ sections]

1. Adaptation and environment
2. Aging
3. Autonomic nervous system
4. Blood and immune system
5. Cardiovascular system
6. Cellular and molecular physiology
7. Chronobiology
8. Comparative and evolutionary physiology
9. Endocrinology and reproduction
10. Exercise and physical fitness
11. Experimental methods
12. Developmental physiology
13. Gastrointestinal system
14. Ion channels and membrane transporters
15. Kidney, water and electrolyte homeostasis
16. Metabolism
17. Motor system
18. Muscle physiology
19. Neurophysiology and neuroscience
20. Oriental medicine (Acupuncture, Moxibustion, Chinese medicine)
21. Pathophysiology and medicine
22. Physiome and systems biology
23. Rehabilitation
24. Respiration physiology
25. Sensory system
26. Teaching of physiology
27. Other (specify)

**Publications** (List your important publications during the past 5 years)

**Reason for application** (Please briefly describe why you want to obtain membership)

**Recommender\*\***

Name \_\_\_\_\_

Society ID \_\_\_\_\_, Signature \_\_\_\_\_

\*\*If you belong to any institution in Japan, you need a recommender.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Send your application to The Physiological Society of Japan

International Medical Information Center,  
Shinanomachi-Rengakan, 35 Shinanomachi,  
Shinjuku-ku, Tokyo 160-0016, JAPAN

E-mail: [psj@imic.or.jp](mailto:psj@imic.or.jp) Web: <http://int.physiology.jp/>

For student membership, attach a copy of your current student ID and signature of an adviser.