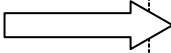


## Alteration Report

Membership number	Name

### [ Notice of Change ]

Please fill out the form if something has changed.

Workplace	«Name of Workplace»  «Current Position»  «Address» (Zip-Code                      )  <hr/> <hr/> «TEL»                              (Ext.                      ) «FAX»
E-mail Address	
Home	«Address» (Zip-code                      )  <hr/> <hr/> «TEL»
(Now) Contact Information	(New) Contact Information
1. Workplace 2. Home	

### [ Notice of Withdrawal ]

I would like to resign the membership. (Sign : _____ ) ※This year has been started, so please complete the payment of the annual membership fees.
--