**Japan Epidemiological Association**

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**Alteration Report**

|  |  |
| --- | --- |
| Membership number | Name |
|  |  |

**［　Notice of Change　］**

Please fill out the form if something has changed.

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| Workplace | 《Name of Workplace》  《Current Position》  《Address》  （Zip-Code　　　　　　　）      《TEL》　　　　　　　　 （Ext.　　　　）《FAX》 | |
| E-mail Address |  | |
| Home | 《Address》  （Zip-code　　　　　　）      《TEL》 | |
| （Now）Contact Information | | （New）Contact Information |
| 1. Workplace 2. Home | | 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. | | |