

# SICE Membership Form

Please type or print legibly.

Membership ID# \_\_\_\_\_

(Prof. Dr. Mr. Ms.)

\_\_\_\_\_  
Last Name/Family Name                      Given Name                      Middle Initial

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Company/University

\_\_\_\_\_  
Department

\_\_\_\_\_  
Address

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

Membership:            REGULAR \_\_\_\_\_ STUDENT \_\_\_\_\_

Return Address:        COMPANY \_\_\_\_\_ HOME \_\_\_\_\_

Subscription of Transactions: Yes \_\_\_\_\_ No \_\_\_\_\_

Subscription of JCMSI: Yes \_\_\_\_\_ No \_\_\_\_\_

Subscription of Web issues: Yes \_\_\_\_\_ No \_\_\_\_\_

## Application Type

Is this a (please check one):

- New application  
 Change of address  
 Membership Renewal

[ ] I agree to remit the sum of ¥ \_\_\_\_\_ by credit card.

Access     American Express     Eurocard     Master Card     VISA     JCB

Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name of Card Holder(block letter): \_\_\_\_\_

[ ] I require a pro-forma invoice.

[ ] Bank draft or money order for ¥ \_\_\_\_\_ is enclosed.

[ ] The sum of ¥ \_\_\_\_\_ was paid to the A/C No.108600 (The Society of Instrument and Control Engineers), the Bank of Tokyo-Mitsubishi UFJ, Ltd., Hongo Branch, Hongo 3-33-5, Bunkyo-ku, Tokyo 113-0033, Japan through

\_\_\_\_\_ on \_\_\_\_\_  
(Name of Bank) (Date)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Payment should be made in Japanese Yen. Personal checks not accepted. Bank draft/money order must be made payable to "The Society of Instrument and Control Engineers."

Please return this form to SICE Secretariat (4F. Kaneko Bldg., 1-11-9 Kandaogawamachi, Chiyoda-ku, Tokyo 101-0052, Japan).