JANES Membership Application

Japan Association for Northern European Studies

Email the completed form to mail@janes.gr.jp.

Full name			
Name in katakana (if applicable)			
Membership category (select one)	☐ Regular member ☐ Graduate student member		
Gender		**Date of birth**	YYYY-MM-DD
Home address			
Home telephone		**Home fax**	
Affiliation			
Position or title			
Affiliation address			
Affiliation telephone		**Affiliation fax**	
Preferred mailing address (select one)	☐ Home ☐ Affiliation		
Email address			
Northern European countries or regions studied			
Research topic			
Three research keywords			
Recommending JANES members	1.	2.	
Other information			

Application date _____ (YYYY-MM-DD)

I support the aims of JANES, agree to its Bylaws, and wish to apply for membership.

Agreement to JANES Policies

☐ I agree to the Basic Policy on Academic Activities and the Harassment Prevention Guidelines.