

Application Form



Please complete the following sections :

I wish to renew my EAJS membership

I herewith join the EAJS as:

Personal member (full member & student member)

Institutional member

Sex: Female Male

Title: Professor Doctor PhD candidate other

Given name(s):

Family name:

Nationality:

Private Address:

Phone: Fax: E-Mail:

Office Address:

Phone: Fax: E-Mail:

Area(s) of study (please choose):

- | | | | | | |
|--|---|---------------------------------------|--|--|-------------------------------------|
| <input type="checkbox"/> Anthropology | <input type="checkbox"/> Archaeology | <input type="checkbox"/> Architecture | <input type="checkbox"/> Art | <input type="checkbox"/> Economics | <input type="checkbox"/> Education |
| <input type="checkbox"/> Ethnology | <input type="checkbox"/> Gender Studies | <input type="checkbox"/> Geography | <input type="checkbox"/> History | <input type="checkbox"/> Information Studies | <input type="checkbox"/> Law |
| <input type="checkbox"/> Linguistics | <input type="checkbox"/> Literature | <input type="checkbox"/> Medicine | <input type="checkbox"/> Natural Science | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Philosophy |
| <input type="checkbox"/> Political Science | <input type="checkbox"/> Psychology | <input type="checkbox"/> Religion | <input type="checkbox"/> Social Science | <input type="checkbox"/> Sociology | <input type="checkbox"/> other(s) |

Specific field(s) of study:

I agree that this information may be included in future EAJS publications:

yes no

I wish to be subscribed to the EAJS mailing list EAJS-L:

yes no

Date: **Signature:**

* The information you provide is solely used internally for purposes of membership management and will not be shared with or disclosed to any other parties or persons, with the exception that you explicitly request us to do so.

Please return a printed and signed copy by fax, mail (office@eajs.eu) or postal mail to :

Office of the European Association for Japanese Studies (EAJS), c/o Freie Universität Berlin,
Institute of East Asian Studies, Hittorfstr. 18, 14195 Berlin, Germany

Fax: +49-(0)30-838-4-50931

EAJS Membership Fees



The three year membership fees are as follows (please mark the appropriate amount):

- 180 Euro** **institutional membership** (in total for three years)
the three year period starting in the year 20____
- 90 Euro** **personal membership** (in total for three years)
the three year period starting in the year 20____
- 45 Euro** **reduced fee for students** (in total for three years)
the three year period starting in the year 20____
Please attach a proof of enrollment for the year/ years in question!

Please choose one of the following payment methods:

- PayPal** The PayPal invoice will be mailed to your primary E-Mail
- Bank transfer**

Bank: HypoVereinsbank München, Germany
Bank code (BLZ): 70020270 | Account number: 659520338 (for transfers within Germany)
Swift (BIC): HYVEDEMMXXX | IBAN: DE20700202700659520338 (for international transfers)

Please note: For transfer within Europe, select the option "SEPA money transfer".
This will incur no additional charges for you or the EAJS. In case of SWIFT money transfer, please select the option "OUR (sender pays costs)", this will incur additional charges for you, please ask your bank about details.

- Credit card***

please choose:

Card No _____
expiry date _____
CVC/CVV/CAV** _____

MasterCard
Visa
JCB

* please note that we CANNOT accept Debit Cards
** CVC / CVV / CAV = Card Validation Code / Card Validation Value / Card Authentication Value: the three-digit number printed on the signature strip on the card's back.

- Bank cheque**

The additional bank charges are as follows:

- Cheques from within Germany: free of charge
- Cheques from within the euro area: + 6,- €
- Cheques from outside the euro area: + 30,- €

Payment grand total:
EUR
Signature:

Date:

Name in block letters:

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For security reasons, e-mails cannot be accepted.