**The Japanese Society of Gastroenterology (JSGE) *International Membership* Application Form**

**★ Please note that this form must be submitted via e-mail.**

E-mail: [jsge\_registration\_info@jsge.or.jp](mailto:jsge_registration_info@jsge.or.jp)

**Member information (Note: All fields are required.)**

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Date of Birth | Date/Month/Year |
| Sex | Male 　/ 　Female |
| Office Address (Name of Institution, Department, address, Country) |  |
| TEL (Office) (Including country code) |  |
| E-mail(Office) |  |
| Field of specialty | □ Internal medicine □ Surgery □ Pathology □ Radiology □ Pediatrics  □ Others (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Address |  |
| TEL (Home) (Including country code) |  |
| E-mail(Home) |  |
| Please select which address you want to use for correspondence including billing. | Office / Home |
| Date of Medical License |  |
| License no. |  |
| Final Education |  |
| Year of Graduation |  |
| Recommendation | Dear Director General of the Japanese Society of Gastroenterology,  I hereby recommend the person above as an international member of the Japanese Society of Gastroenterology.    Recommender’s name (**Must be hand-written**):  (Must be a JSGE Head Office/Branch Councilor or JSGE Director/Auditor )  Name of affiliated Institution  Position in JSGE (please circle):  Director or Auditor / Head Office Councilor / Branch Councilor  Recommender’s e-mail address:  Day Month Year |

**NOTE This is an application form for the international membership. A foreign doctor who is licensed to practice medicine overseas (but not in Japan) who agrees with the JSGE’s purpose may be enrolled as an international member at the recommendation of a JSGE Head Office/Branch councilor or JSGE Director/Auditor with the approval of the Committee on the Future Vision of JSGE.**

・Your personal information including your name will be used solely for the purpose of the JSGE operations.

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| **Date of approval by the Committee on the Future Vision of JSGE:**  **(For the secretariat)** | **Date of enrollment:**  **(For the secretariat)** | **Membership number:**  **(For the secretariat)** |