**The Japanese Society of Gastroenterology**

6th Floor Shimbashi I-Mark Building

2-6-2 Shimbashi, Minato-ku

Tokyo 105-0004, JAPAN

E-mail: info@jsge.or.jp

**Notice of Resumption of Membership**

Application Date (DD/MM/YYYY):

Dear Director General of the Japanese Society of Gastroenterology,

|  |  |
| --- | --- |
| Membership Number |  |
| Name | \* |
| Date of Birth(DD/MM/YYYY) | \* |
| Correspondence should be sent to | [x] Office　　　　・　　　　[ ] Home |
| Office | Address | \* |
| Institution |  |
| Section/Dept. |  |
| Phone (incl. country code)  |  |
| Home | Address | \* |
| Phone (incl.　country code)  |  |
| E-mail | \* |

Note that all items with the asterisk mark (\*) are required fields.

|  |  |
| --- | --- |
| Confirmed | Received |
|  |  |

【For the secretariat】

Date of receipt:　　　 **／**

Date of annual dues payment: 　**／**