**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 Suspension**

Application Date (DD/MM/YYYY) :

Dear Director General of the Japanese Society of Gastroenterology,

|  |  |  |  |
| --- | --- | --- | --- |
| Membership Number |  | Date of Birth  (DD/MM/YYYY) | \* |
| Name | \* | | |
| Affiliated Institution |  | | |
| Correspondence Address | * Office　　　　□Home | | |
| Office Address |  | | |
| Home Address | \* | | |
| Phone |  | | |
| E-mail | \* | | |
| Term to suspend the membership | \*1 / 1 / 　　　　　～31 / 12 /  **※Note that you can only begin your suspension period from January next year.** | | |
| Reason　of suspension | Studying abroad　　　　　　Medical treatment  Maternity Leave　　　　　 　Nursing Leave | | |

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

・Term of suspension must be for one or two fiscal years. (The fiscal year is from January to December.)

・If you would like to extend the term of suspension, you are required to submit the notice again

for further extension of the term for one or two fiscal years.

・You will be exempted from paying the annual dues during the term of such suspension.

・Should you wish to resume your membership, please make sure to submit the ‘Notice of Resumption of Membership’ as soon as practicable.

・Your membership will automatically terminate (a) if you do not extend your term of suspension with this notice form at the end of the suspension term and two fiscal years pass thereafter or (b) you do not resume your membership at any time before two years after the end of the suspension term.

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

【For the secretariat】

Annual dues for the year：Year　　　　□