

E-mail: info@jsge.or.jp

**Notice of Termination**

Application Date (DD/MM/YYYY): \*

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| --- | --- | --- | --- |
| Membership Number |  | Date of Birth  (DD/MM/YYYY) | \* |
| Name | \* | | |
| Affiliated　Institution |  | | |
| Office Address |  | | |
| Home Address | \* | | |
| Phone |  | | |
| E-mail |  | | |
| Reason of Termination | Personal matter Death  Others ( ) | | |
| If applying by proxy | Name: Relationship with the member: | | |
| You may terminate your membership only under the following condition:  I hereby agree with the condition stated below.  (If you agree, please tick)  I have fully paid the annual dues for this year. | | | |
| Dear Director General of the Japanese Society of Gastroenterology,  I hereby wish to terminate my membership of JSGE.  Signature:  Date: | | | |

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

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

【For the secretariat】

Annual dues for　　　　□