

E-mail: info@jsge.or.jp

**Notice of Termination**

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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　　　　□