

No. _____

Membership Application
The Japanese Association for American Studies

| | |
|---|---------------|
| Name (in kanji or kana) _____ | Date of Birth |
| | Sex M / F |
| (in romaji) _____ | |
| Specialization (See the list on the web page) | |
| Home Address (Zip code -) _____ | Tel. _____ |
| Academic Affiliation or Position | |
| Office Address _____ | Tel. _____ |
| Post-secondary Education/ Employment History | |
| Membership of other academic association(s) | |
| Major Publications | |
| Signature of two JAAS members | |

Date _____

Applicant's Signature _____