

Application Form

Please complete the following sections:

I herewith join the EAJS as:

- personal member
 associate member (for paid-up AAS members only; no voting right)
 institutional member

Sex: Male Female

Title: Professor Doctor other _____

Given name(s): _____

Family name: _____

Nationality: _____

Private address: _____

Phone: _____ **Fax:** _____ **E-mail address:** _____

Office address: _____

Phone: _____ **Fax:** _____ **E-mail address:** _____

Area(s) of study (please underline):

Anthropology, Archaeology, Architecture, Art, Performing Arts, Economics, Education, Ethnology, Gender Studies, Geography, History, Information Studies, Law, Linguistics, Literature, Medicine, Natural Science, Philosophy, Political Science, Psychology, Religion, Social Science, Sociology, other(s) _____

Specific field(s) of study: _____

I agree that this information may be included in future EAJS publications:

yes no

I agree that this information may be forwarded to other institutions of Asian Studies:

yes no

Date:

Signature:



Please press
here to print
this copy

Please return a printed and signed copy by fax or postal mail to:

Office of the European Association for Japanese Studies (EAJS), c/o University of Frankfurt, Grueneburgplatz 1, Postbox RuW 71, 60629 Frankfurt/Main, Germany

Fax: +49 (0)69-798-35024

For security reasons, e-mails cannot be accepted.