

SOCIETY FOR CULTURAL INTERACTION IN EAST ASIA

MEMBERSHIP APPLICATION FORM

	*Recommender's name	
*Applicant's Name		
*Name in Chinese character or <i>Kanji</i> (if applicable)		
*Date of Birth	/ / (month/date/year)	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
*Affiliation		
Position		
Highest Degree Completed or Qualifications (if applicable)		
*Mailing Address		
	Postal code: _____	Country: _____
*Telephone Number		
*E-mail Address		
*Major Research Interests:		

* required

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*Major Publications & Articles in the last five years:

Kindly fill out of this application and send it by mail, fax or E-mail to the secretariat of SCIEA

Secretariat of Society for Cultural Interaction in East Asia (SCIEA)

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