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Application for the ASPOS Membership

*I would like to join the Association for
the Study of Political Society.*

Date _____

Signature _____ (印)

Name _____, _____ Last First		Date of Birth Year Month Date
Affiliation	Position	
Affiliation Address	Postal Code: Phone: Fax: Email:	
Home Address	Postal Code: Phone: Fax: E-mail: Mailing Address : <input type="checkbox"/> Affiliation or <input type="checkbox"/> Home	
Research Areas		
Primal Works		
Final Degree		

Please send this application form to the address as below. We will contact you later.

〒169-8050

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of the Study for Political Society

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