## Japan Epidemiological Association

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## Alteration Report

Membership number	Name

## [ Notice of Change ]

Please fill out the form if something has changed.

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	《Name of Workplace》			
	//C			
	《Current Position》			
Workplace	《Address》			
	(Zip-Code	)		
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	《TEL》	(Ext. ) ⟨⟨FAX⟩⟩		
E-mail Address				
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	(Zip-code )			
	( <u>-</u> -			
Home		_		
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	《TEL》			
(Now) Contact Information		(New) Contact Information		
1. Workplace		1. Workplace		
2. Home		2. Home		

## [ Notice of Withdrawal ]

I would like to resign the membership. (Sign:

\*This year has been started, so please complete the payment of the annual membership fees.