

Claim		Receipt		Sending		Entry	
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Membership Number

(N/A)



Picture attached

4cm(vertical)
x
3cm(horizontal)

Regular Member Application

To: Non-profit Organization (NPO) Orthotics Society

I duly agree with the Society's mission and hereby would like to become a member by submitting this application.

Name		Sex	Male / Female
Date of Birth	/ / (years old)		
Residence			
	TEL	FAX	E-mail
Work (Affiliation)			
Work Address			
	TEL	FAX	E-mail
Where to contact	Home / Work (Please circle your preferred mailing address)		
Occupation	M.D. () PT OT Judo-therapist Accupuncturist and moxa-cauterizer JATI-ATI Prosthetist Anma massager/finger-pressure therapist Pharmacist Nurse Shoe maker (wholesale / retail) Student (School Name:) Other ()		
Entitled License Classification			
Date obtained			
License Number			

1. As for confidentiality, the Society will not use any individual information other than for communications with the FCT school organizer, DYMOCO Systems Co., Ltd., including classes and member perks announcement.
2. The Society will manage to keep members' information appropriately and safely by taking necessary measures to prevent leakage and alteration.

***This application is only a request and your enrollment will be determined with the Director's approval.**

Written Oath

Date: / /

To: Toshihiko Uchida-Director
Non-profit Organization (NPO) Orthotics Society

Address: _____

Name: _____ Seal (required)

I, upon my enrollment with NPO Orthotics Society, hereby pledge to follow the Society's stipulation and other rules and will not make any objection when dismissed from the list due to violation.