

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. ( ) Accupuncturist and moxa-cauterizer Anma massager/finger-pressure therapist Student (School Name: )	PT JATI-ATI Pharmacist )	OT Nurse )	Judo-therapist Prosthetist Shoe maker (wholesale / retail)		
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.