【入会申し込み用紙】

送信先　FAX：0743-77-0890

日本小児肝臓研究会事務局あて

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| フリガナ |  | | | | | | | | | | 生年月日 | | 19　　　　　年　　　　　月　　　　　日 | | | | | | | | | | |
| 氏名 |  | | | | | | | | | |
| 勤務先 |  | | | | | | | | | | | | | | | | | | | | | | |
| 所属 |  | | | | | | | | | | | | | | | | | | | | | | |
| TEL |  | | | | | | | | | | FAX | |  | | | | | | | | | | |
| E-mail |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |
| 自宅住所 |  | | | | | | | | | | | | | | | | | | | | | | |
| TEL |  | | | | | | | | | | FAX | |  | | | | | | | | | | |
| 郵送物送付先（どちらかに○） | | | | | | | 勤務先　　　　　　　自宅 | | | | | | | | | | | | | | | | |

赤字は必須項目です。その他は任意入力項目です。

日本小児肝臓研究会事務局

運営委員長　虫明　聡太郎

Tel：0743-77-0880