## Tohoku University 'Shuyukai' Alumni Association Membership

Name (Alphabet)

Last		First	Middle	
Name (Katakana)				
Last		First	Middle	
Name (Kanji)	only if applicable			
Last		First	Middle	
Please complete this form by writing in the spaces below or circling the number indicated.				
Membership type 💥		<ol> <li>Graduate/Exchange Student</li> <li>Previous faculty member</li> <li>Family member of current stude</li> </ol>	<ul> <li>2 Current faculty member</li> <li>4 Current student / researcher</li> <li>6 Friend of Tohoku University</li> </ul>	
Gender ※		1 Male 2	Female	
D.O.B. *		YYYY/MM/DD		
Personal Information ※	Postal code	₸ (		
	Address			
	Phone	- ( ) -	FAX – ( ) –	
Professional Information	Company			
	Job Title			
	Postal code	₸( — )		
	Address			
	Phone	( )	FAX ( )	
E-mail			@	
Membership plan ※		Once you have registered, we will s		to

Please complete this form by writing in the spaces below or circling the number indicated.

Past student / Researcher					
	Faculty / Research Center				
	Degree Awarded	1 Bachelor 2 Master's 3 Doctoral 4 Non-Degree Seeking / Exchange Student			
	Date awarded	YYYY/MM/DD			
Current / former faculty member					
	Department				
		(Former faculty members are to write their first place of work)			
	Date retired	YYYY/MM/DD			
Current student / Researcher					
	Faculty /				
	Research Center Year of	YYYY/MM/DD			
Family member (Please write details of the student enrolled at Tohoku University)					
	Γ				
	Name				
	Faculty / Research Center				
	Year of	YYYY/MM/DD			
Friendie	enrolment				
Friend of Tohoku University					
	Connection with Tohoku University				

In the future we hope to provide information in English about upcoming events. Would you like to receive this information by email? Yes • No

I hereby agree that the information provided above is true and accurate.

Signature \_\_\_\_\_ Date of application \_\_\_\_\_