Notice of Change in the Robotics Society of Japan Supporting Membership Information

 Supporting Membership No.: S 　　 　 Notification date: MM DD, YYYY

**\* Please indicate the changes and return by e-mail, fax or mail.**

(**Red print** indicates required information.)

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| **Name of group (company, plant, research institute, etc.)** | No. of units of membership:unit(s)口 |
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| Address:Telephone number:  |
| Name of representative:Signature: 　　　印 | Title of representative: |
| Name of contact for clerical matters (communication on payment of membership fees, etc.) | Affiliation / Title |
| Address:Telephone number:E-mail:  |
| Name of contact for academic matters (mailing of JRSJ, notices on seminars and other events): | Affiliation / Title |
| Address:Telephone number:E-mail: |
|  Remark (Please indicate changes other than the foregoing or detailed description of the changes, if any.) |

The Robotics Society of Japan

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Date received by the Secretariat: