

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.)

Name of group (company, plant, research institute, etc.)	No. of units of membership: nit(s)
Address:	
Telephone number:	
Name of representative: Signature:	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.)	

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Date received by the Secretariat: _____