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: