（Attachment Form 1.4）

Life Course Design Consortium Membership Application Form

Chairperson, Life Course Design Consortium

We agree with the purpose of the Life Course Design Consortium and apply for membership.

In becoming a member, we will comply with the rules of the Consortium and cooperate with the project in order to achieve the objectives of the Consortium.

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| --- | --- |
| Application Date | (Year /Month/Day) ／　　　　　／ |
| Corporation name |  |
|  |
| Representative's name |  |
| Contact Person | Department  position  Name |
| contact address | Address  Phone number  FAX number  E-mail |
| membership classification | □regular member　□associate member　□supporting member　□special member（Any of them.☑） |

[Remarks]

1. The membership application form will be kept in the membership register.

2. Please send the membership application form as a PDF file by e-mail to the following address.

E-mail: info@lcdc.jp

3. After you apply for membership, we will send you an application completion e-mail.

Please pay the annual membership fee by the designated date when you receive the information about the account for receiving the membership fee.

4. The personal information you have entered will not be used for any purpose other than this consortium project.

[contact]

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Life Course Design, Inc.

Secretariat of Life Course Design Consortium

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paperwork section

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| --- | --- | --- | --- |
| Confirmation of receipt of application |  |  |  |
|  |  |  |  |
| Remarks | | | |