**The Japanese Association of Special Education Registration Form**

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| --- | --- |
| Membership type | Regular member / Student member (separate application needed) |
| Name | (Birth name: ) |
| Birth date(mm/dd/yyyy) |  / / | Male Female |
|  | Publish on the web (choose one) |
| Home | Address |  | Yes / No |
| Phone/Fax | Phone: | Fax: | Yes / No |
| Email | \* Mobile email address not allowed |  | Yes / No |
| Affiliation | Institution name |  |  | Always published |
| Address |  |  | Yes / No |
| Phone/Fax | Phone: | Fax: | Yes / No |
| Email | \* Mobile email address not allowed | Yes / No |
| Job title | University faculty / School teacher / Graduate student / Doctor / Nurse / Psychological diagnostician / Counselor / Speech therapist / Other ( ) | Yes / No |
| Subcommittee (select only one) | Visual disability / Hearing disability / Physical disability / Intellectual disability / Poor health or weak constitution / Language disorder / Correctional education / Developmental disorder / Severe multiple disabilities / General  | Always published |
| Delivery address | Home / Affiliation |
| Contact method | \* We kindly request that you select Email as much as possible because the association primarily uses email for communication. Phone / Email / Fax |
| Payment method | Postal transfer / Convenience store payment |
| Academic background | ● Most recently graduated institution (anticipated graduation not allowed)● Year of graduation:  |
| Qualification of membership | Bachelor’s degree / Other (Work experience: ) |