**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: ) | | | |