

## Guide for membership of Japanese Cosmetic Science Society (for student member)

- 1) "student member" is for  
student of technical colleges, junior colleges, universities or graduate students of graduate schools.
- 2) Admission procedure
  - \*Please complete and submit the following form
  - \*The guarantor column must be signed by the "Instructor", "Superior Person of the Affiliation" or "Member of the Society of the Affiliation"
  - \*Please attach a copy of your student ID card or equivalent official certificate
- 3) Rights of student members
  - Annual membership fee (fiscal year: April to March of the following year) ¥2,000  
→The money transfer form for membership fee will be sent after registration
  - The expenses for participating in annual convention and educational seminars are ¥1,000 each ( ¥2,000 for non-student members)
  - \*Since a password for the society's journal viewing will be sent, please visit the society's website.
  - \*Student members are not eligible for participation in general meetings, voting rights, appointment as councilors or directors, or participation in the management of annual convention  
→If you want to organize symposiums at a convention or a seminar, please propose it to the relevant committee.
- 4) Continuation of student membership and timing of switching to regular membership/withdrawal from membership
  - \*In the event that the student member loses the applicable conditions, the student member shall promptly proceed to join the regular member or submit a notice of withdrawal.

Contact **Office of Japanese Cosmetic Science Society**  
 〒162-0801 Academy Center  
 358-5, Yamabuki-cho, Shinjuku-ku, Tokyo 162-0801  
 TEL: +81-3-6824-9370 FAX: +81-3-5227-8631  
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### Application form for membership of Japanese Cosmetic Science Society (for student member)

Date of filling up	/ / (YYYY/MM/DD)	Fiscal year of registration	
Name	First _____	Nationality	
	Middle _____	Gender	<input type="checkbox"/> Male • <input type="checkbox"/> Female
	Last _____	Date of birth	/ / (YYYY/MM/DD)
Home address		Postal code _____  TEL (Landline or Mobile) : _____ FAX : _____  E-mail : _____	
Your organization	Affiliation:		
	Faculty:	Department:	
	Office address:	Postal code _____  TEL : _____ FAX : _____  E-mail : _____	
Please send bills and journals to:		1. <input type="checkbox"/> Home address 2. <input type="checkbox"/> Affiliation address	
Please send e-mail to:		1. <input type="checkbox"/> Home e-mail address 2. <input type="checkbox"/> Affiliation e-mail address	
Guarantor	Title Signature		
	E-mail :	TEL (Landline or Mobile) :	