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Date of filling out:

**JSAAE Partnership Application**

**To President of JSAAE**

We hereby give our approval of the objective of the JSAAE and apply to the JSAAE partnership

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| 1. | Company Name |  |
|  |  |  |
|  | \* Application can also be made at the department, division, or laboratory level. |  |
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| 2. | Unit(s) of partnership fees (1 unit = 50,000 yen/year) |  |
|  |  | Unit(s) x 50,000 yen/year = |  | yen/year |  |
|  | \* Platinum: 500,000 yen/year or above; Gold: 100,000 yen/year or above; Silver: 50,000 yen/year |  |
|  |  |  |
| 3. | Desired year to join the partnership |  |
|  |  |  |  |
|  | \* JSAAE fiscal year is from September to August. Application for the new fiscal year is accepted beginning in July. |  |
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| 4. | Contact Information |  |
|  | Contact Person |  |  |
|  | Department Name |  |  |
|  | Address |  |  |
|  | E-mail |  |  |
|  | TEL |  |  |
|  | FAX |  |  |
|  |  |  |
| 5. | Company Website |  |
|  | English |  |  |
|  | Japanese (if available) |  |  |
|  | Let us publish your company name on our website, in our publications, etc. | Yes / No |  |
|  | Let us link to your company website from the JSAAE website. | Yes / No |  |
|  |  |  |
| 6. | Optional Comment (Please feel free to give us your comments and suggestions) |  |
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 Please complete the necessary items and send the form by E-mail to the JSAAE office.

 E-mail: jsaae@asas-mail.jp.