EASTS Regular Membership Application Form

To: EASTS Secretariat, Department for Membership

5F-28, Kasumigaseki Bui	lding, 3-2-5, Kasumiagsel	ki, Chiyoda-ku,Tokyo,10	00-6005, Japan E-mail: men	nbership[at]easts.int	Fo Facsimile: +81-3-4334-8158
Name			Nationality	Sex	Voor of high (DDMM/VVVV)
Surname	Middlename	Firstname	Nationality	Sex	Year of birth (DD/MM/YYYY)
				M•F	
Organization		Title	Office Address (Including zip code)		
Phone	Fax.	E-mail address	Residential Address (Including zip code)		Field of Expertise Please refer to the URL;
Thone					http://easts.info/field-of-expertise/
The Recommendation of the First Regular Member					
I hereby recognize the above person as an expert in transportation with sufficient experience in the profession and recommend him/her as a regular member of the EASTS.					
Name (Block)		<u>Signature</u>	<u>Date</u>	Domestic Society	<u>ID Number</u>
The Recommendation of the Second Regular Member					
I hereby recognize the above person as an expert in transportation with sufficient experience in the profession and recommend him/her as a regular member of the EASTS.					
Name (Block)		<u>Signature</u>	<u>Date</u>	<u>Domestic Society</u> <u>ID Number</u>	
The Confirmation of the Applicant					
I hereby apply for regular membership of the EASTS under the Section 2.4 Line 2 of EASTS Constitution.					
Name (Block)		<u>Signature</u>	<u>Date</u>		
Memo (For EASTS Secretariat's use only)					

Please fill up and send this application form back to EASTS-Japan by e-mail (membership[at]easts.info), Fax or Postal mail.