



International Society for Japanese Kampo Medicine
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Application for Membership

Name	
Address	
Email contact	
Current position	
Date and place of birth	
Nationality	
Are you able to make contributions in the English language?	
Number of years involved with Kampo	
Lectures, research or other contributions to Japanese Kampo medicine	
Special interests in Japanese Kampo	
Any other relevant details	
Do you agree to the goals of the society?	
Print name	
Signature	
Date signed	