

Membership Renewal Form AFPS Individual Member

Member ID:	712-
Check the appropriate box:	<input type="checkbox"/> Ms. / <input type="checkbox"/> Mr. / <input type="checkbox"/> Dr.
Family Name:	
Given Name:	

Country Category*:	<input type="checkbox"/> Category A / <input type="checkbox"/> Category B / <input type="checkbox"/> Category C	<input type="checkbox"/> Student
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*AFPS uses FIP classification of countries.

Annual Membership Fees	Category A: USD 90 (Students: USD 45) Category B: USD 60 (Students: USD 30) Category C: USD 30 (Students: USD 15) *In the meantime, fees will be charged in JPY calculated at the USD/JPY TTS rate as of January 1 of the fiscal year. (For members in Japan, USD 1 is considered as JPY 100)
Category "A" (high-income)	Australia, Hong Kong (China), Japan, Korea, Malaysia, Singapore and Taiwan (China)
Category "B"(middle-income)	China, Egypt, Fiji, India, Iran, Nepal, Philippines, Sri Lanka, Thailand and Tonga
Category "C" (low-income)	Afghanistan, Bangladesh, Bhutan, Indonesia, Iraq, Pakistan and Viet Nam

The Address listed is:	<input type="checkbox"/> Business / <input type="checkbox"/> Home
Company/Institution: (nonbreaking)	<i>e.g. Dept. of Pharm. Sci., Univ. of *****</i>
Address, City, State, ZIP: (nonbreaking)	<i>e.g. 123 Medicine St., Bunkyo, Tokyo 113-0000</i>
Country:	
Email:	
Telephone Country Code:	+
Telephone:	
Fax:	
Withdrawal:	<i>If you are sure to withdraw AFPS, sign here:</i>

The Asian Federation for Pharmaceutical Sciences

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