IPA Secretariat use	
Date Reception	
Membership No.	

Membership Application Form (Student Member)

- Please fill in all required fields (*mandatory).
- Please check the appropriate box.
- Please send the form to IPA Secretariat (E-mail: tokyo@press-in.org).

Application Date*	Day	Month	Year
Name*	Surname	Given Name	
Gender*	☐ F ☐ M	Country*	

E-mail*	

Organization

Name*			
Dep./Sec.*			
Expected graduation year*	Year		
Address*			
Phone*	Fax	Mobile Phone	

Delivery address if the organization address is different

Address			
Phone	Fax		

★The copy data of Student card is necessary, please send the copy data with the appilication form.
Student member is obliged to report to IPA on graduation.

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