**The Japanese Society of Gastroenterology**

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**Change of Name/Address**

Date of the change (DD/MM/YYYY):\*

|  |  |
| --- | --- |
| Membership Number |  |
| Name | \* |
| Date of Birth(DD/MM/YYYY) | \*  |

（１）Change of Name （２）Correspondence Address

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| New name |  | 　 | Please tick one | \* [ ]  Office　[ ]  Home |

（３）Change of Institution/Address of the Institution

|  |  |  |
| --- | --- | --- |
| New | Institution |  |
| Position |  | Section |
| Address |  |
| Phone (incl. country code) |  | E-mail |  |

（４）Change of home address

|  |  |  |
| --- | --- | --- |
| New | Address |  |
| Phone (incl. country code) |  | E-mail |  |

・Your personal information, including your name, will be used solely for the purpose of the JSGE operations.

・Note that all items with the asterisk mark (\*) are required fields.

・If, as a result of you failing to notify us of changes in your address, we cannot send you invoices for the annual dues and payment of the annual dues is not made for two years, your membership will automatically be terminated based on regulations. If you change your correspondence address, either your office or home, please notify your new address to us as soon as possible.

・Please note that there may be cases where some mail may not be delivered to your new address due to procedural lag.