

**APPLICATION FORM FOR MEMBERSHIP THE KOREAN SOCIETY FOR
PARASITOLOGY**

To The Korean Society for Parasitology (KSP)

I, name _____

Affiliation _____

Apply the membership of the Korean Society for Parasitology for a year. I understood that the Korean Society for Parasitology is published quarterly by the Society and the articles of which are written in English. Please find and enclosed check payable to the Korean Society for Parasitology of following amount.

Give the amount

Membership due for a year US\$30.00 (Jpn 3,000, KR 30,000) _____

Air charge (optional): US\$15.00 (Jpn Y1,500) _____

Total enclosed _____

Mailing address: _____

TEL _____ FAX _____

e-mail _____

Signature _____ Date _____

Date of Birth _____ Sex M F

Doctoral Degree _____ Year _____

Institute _____

Nominated by _____ Signature _____

Name

*Any active KSP member is encouraged to nominate the new application for KSP membership, but not compulsory.

**Please return this form with your check or international money order to the address. KSP, Department of Parasitology, Seoul National University, College of Medicine, Seoul 110-799, Korea (FAX:+82.2.765.6142, e-mail: kjp.editor@gmail.com)