Membership Renewal Form **AFPS Supporting Member**

Member ID:	712-
Company/Institution Name:	
Contact Person	
Check the appropriate box:	□Ms. / □Mr. / □Dr.
Family Name:	
Given Name:	
Company/Institution	T
Address, City, State, ZIP:	
(nonbreaking)	
	e.g. 123 Medicine St., Bunkyo, Tokyo 113-0000
Country:	
Email:	
Telephone Country Code:	+
Telephone:	

The Asian Federation for Pharmaceutical Sciences

Headquarters:

Fax:

c/o Department of Pharmaceutics, Faculty of Pharmacy, Keio University 1-5-30 Shibakoen, Minato, Tokyo 105-8512, Japan Phone: +81 3-5400-2660, Fax: +81 3-5400-2553 Email: secretariat@afps2007.org, URL: www.afps2007.org

Membership Office:

c/o Association for Supporting Academic Societies 5-3-13 Otsuka, Bunkyo, Tokyo 112-0012, Japan Phone: +81 3-5981-6011, Fax: +81 3-5981-6012 Email: afps@asas.or.jp