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| 受付日 | |
| Alumni 会員番号 | |
| DB 確認 | |
| DB 入力日 | |

NIMS Alumni Membership Information Change Form

Date: _____ (MM/DD/YYYY)

| | | |
|--|--|--|
| ↓ Please check if you change | | |
| Personal info | Name | Surname |
| | | Given name |
| | | in Japanese |
| | | in English |
| | Enrolled name | ※If changes |
| | Title | Prof. Dr. Mr. Ms. |
| Info in NIMS | Employee number | ※If you remember |
| | Alumni number | ※If you remember |
| | group/unit/center | |
| | supervisor | |
| Workplace | Business type | University, public research institute, private research institute, private business, retired, other () |
| | Name of the work | |
| | Department, center, division | |
| | Position, title | |
| | Mailing address | |
| | Email address | |
| Home | Home address | |
| | Home email address | |
| Subscription of NIMS Now | Japanese version or English version or I don't want to subscribe | |
| Mail and contact | Private address or Work address | |
| Please write your suggestions for the Alumni Association if any. | | |

※After fill out , Please send this form to alumni@nims.go.jp by e-mail.