



NEUROTOLOGICAL AND EQUILIBRIMETRIC SOCIETY (NES)

Application for Membership of the NES

Please send this application via E-mail (nes2025@jikkagaku.jp).

To the
Neurotological and Equilibrimetric Society (NES)
Kawagoe Ear Institute
Kawagoe-Mine Medical Center 2F, 103 Wakitamachi, Kawagoe-shi, Saitama 350-1122, Japan
Tel: +81-49-226-3387
E-mail: nes2025@jikkagaku.jp

Herewith I apply for membership in the Neurotological and Equilibrimetric Society (NES).

Prefix: [] Prof. [] Dr. [] Other: _____

First name: _____

Middle name: _____ *(If not applicable, please write (None) or N/A)*

Last name: _____

Institution: _____

Address: _____

Telephone: _____ E-mail: _____

In case of being accepted, I agree to pay the annual membership fee of JPY 15,000 by bank transfer to the bank account of the NES as follows:

Bank Name: Saitama Resona Bank, Ltd.
Branch Name: Kawagoe Branch
Branch Address: U PLACE 4F, 8-1 Wakitahoncho, Kawagoe-shi, Saitama 350-1123, Japan
SWIFT Code (BIC): SAIBJPJT
Bank Address (Head Office): 7-4-1 Tokiwa, Urawa-ku, Saitama-shi, Saitama 330-9088, Japan
Account Number: 4673487
Account Type: Ordinary Account
Account Name (Beneficiary): **KOKUSAIHEIKOUSINKEIKAGAKUKAI (NES)**
Account Holder's Address: Kawagoe-Mine Medical Center 2F, 103 Wakitamachi, Kawagoe-shi, Saitama 350-1122, Japan

I understand that I can end this membership by written cancellation.

Date: _____ Signature: _____

Note: The official account name registered with the bank is “**KOKUSAIHEIKOUSINKEIKAGAKUKAI**”. For international remittance, writing “**NES**” alone is also acceptable and will be recognized as the same beneficiary.