

Individual Membership Application Form

Date of Submission	(YYYY/MM/DD)	
Membership Number	※No need to fill in	
JHEP Membership Number	※Japan Society of Health Evaluation and Promotion only	
Name		
Furigana (Japanese)		
English Name		
Date of Birth	(YYYY/MM/DD)	
Gender	Male / Female	
Contact Information	Workplace / Home	
Email		
W o r k p l a c e	Company or Organization	
	Department	
	Position	
	Postal Code	
	Prefecture	
	Address	
	Phone Number	
	Fax Number	
H o m e	Postal Code	
	Prefecture	
	Address	
	Phone Number	
	Fax Number	

※The fiscal year of this organization is from October 1st to September 30th.

Please submit your membership application by Email or mail or fax .

Membership application send to:

IHEPA International Health Screening Society Third Region Office
 Address:
 1-31-10 Sendagaya, Shibuya-ku, Tokyo 151-0051
 Cesia Sendagaya Building, 2nd Floor
 Inside the Secretariat of the Japan Health Screening and Medical Association
 Email: ihepa_r3@jmhts.org
 Fax: 03-5413-0016

After receiving your membership application, we will send you a confirmation letter.

<Annual Fee>

Please transfer the annual fee (¥12,000) to the following account.

bank account to be transferred into
IHEPA International Health Screening Society Third Region Office
Sumitomo Mitsui Banking Corp. Shinjuku-Dori Branch (code : 661)
Savings account No.5350557
 ※Please bear the bank transfer fees.