（書式1-4）

**日本性差医学・医療学会認定**

**性差医学・医療認定医証交付申請書**

日本性差医学・医療学会　御中

認定料を納入し, 日本性差医学・医療学会認定 性差医学・医療認定医証の交付を申請します。

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|  | 西暦 | | | | | | |  | | | | 年 |  | | 月 |  | 日 |
| 氏名： |  | | | | | | | | |  | 会員番号： | | |  | | | |
| 勤務先： |  | | | | | | | | | | | | | | | | |
| 所属部署： |  | | | | | | | | | | | | | | | | |
| 勤務先住所： | 〒 |  | - |  | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| TEL: |  | | | |  | | FAX: | |  | | | | | | | | |
| E-mail： |  | | | | | | | | | | | | | | | | |
| E-mail（私用）  上記に連絡がつかない場合のみ使用 |  | | | | | | | | | | | | | | | | |

振替払込受領証等のコピー貼付