St. Luke's Society for Nursing Research
10-1 Akashi-cho, Chuo-ku, Tokyo Japan 104-0044 Within St. Luke's International University
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Membership Withdrawal Form

Date of Notification: YYYY/MM/DD_

Full Name		Membership Number	
Contact Information	Address: TEL: FAX: E-mail:		
Desired Date of Withdrawal	□Effective at the end of this fiscal year (March 31) □Effective immediately ※Please select one. Withdrawal cannot be applied retroactively.		
Reason for Withdrawal	(Please describe)		
Annual Membership Fee Payment Date (Current Fiscal Year)	(YYYY/MM/DD)		
Comments			

The fiscal year of this Society runs from April 1 to March 31. **If the annual membership fee for the relevant fiscal year has not been paid, members are required to settle the outstanding amount.**

Secretariat Use Only

Member Category	Date Received
Councilor / Committee Member / General	Year