**MEMBERSHIP APPLICATION FORM**

**We agree with the aims of the Regenerative medicine & Cell therapy industrialization network of Kanagawa and apply for membership.**

　Date ：

|  |  |
| --- | --- |
| Type of membership | □ Regular member　　　　　　　　□ Supporting member(Please check) |
| Trade name or corporation/Organization name |  |
| Address |  |
| Name of representative | Title |  |
| Name |  |
| Contact person | Title/Position |  |
| Name |  |
| E-mail |  |
| Address |  |
| Phone number |  |
| Main business activities |
| Reason of applying |
| WebsiteURL：https://www. |

Please place a check mark in all the boxes below:

* We pledge that we comply with laws and any other rules or regulations provided by RINK.
* We consent to be presented information such as trade name or corporation/organization name in RINK’s brochures, website and others after the application procedures are completed.

【Inquiry】

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