



Application for
American College of Physicians
Medical Student Membership
in Japan

Please complete this application in English. When complete, please send the application and a copy of your student ID to the ACP Japan Chapter Office for approval. Applicants affirm that all information provided on this application is true and complete, which is subject to verification. College members are expected to uphold the ethics standards of medicine, including those in the ACP Ethics Manual (www.acponline.org/ethics/ethics_man.htm)

ACP Japan Chapter
c/o The Japanese Society of Internal Medicine
3-28-8 Hongo
Bunkyo-ku, Tokyo 113-8433
JAPAN

Name: _____
Last First MI

Address: _____

City: _____ Prefecture: _____

Postal Code: _____ Country: Japan

Email Address: _____

Home Phone: _____ Fax: _____

Date of Birth: _____

Full Name of Medical School: _____

Location of School: _____
City Prefecture

Anticipated Year of Graduation from Medical School: _____

Medical School ID Number: _____

Signature of Applicant _____ Date _____

Required

APPLICANT PLEASE NOTE: The following information will help provide ACP with accurate membership statistical data but will not be considered in connection with your application for Associateship. Completion is optional.

- | | | | |
|---|---|---|--|
| GENDER: <input type="checkbox"/> Male | ETHNICITY: <input type="checkbox"/> White, not of Hispanic origin (1) | <input type="checkbox"/> Pakistani (P) | HOW DID YOU HEAR ABOUT MEMBERSHIP IN THE COLLEGE? (Please check only one): |
| <input type="checkbox"/> Female | <input type="checkbox"/> African/African American (2) | <input type="checkbox"/> Native American/Alaskan Native (7) | <input type="checkbox"/> Program Director/Mentor |
| <input type="checkbox"/> Elect not to specify | <input type="checkbox"/> Asian/Asian American (3) | <input type="checkbox"/> Pacific Islander (8) | <input type="checkbox"/> Web site/Email |
| | <input type="checkbox"/> Arabic (4) | <input type="checkbox"/> Other (Please indicate) (9) | <input type="checkbox"/> Abstract Competition |
| | <input type="checkbox"/> Hispanic (5) | | <input type="checkbox"/> College Invitation/Poster |
| | <input type="checkbox"/> Indian (I) | <input type="checkbox"/> Elect not to specify (U) | <input type="checkbox"/> Other: |
| | | | <input type="checkbox"/> Word of Mouth |