

Admission Application Form

____/____/____

Dear ORiN Consortium

I would like to apply for membership in your consortium.

Membership type (Please check the membership type you wish to join.)

- Executive membership
- Regular membership
- Associate membership

Company name				
Representative	Name			
	Department Position			
	Address			
	Phone number		FAX	
Contact person	Name		E-mail	
	Department Position			
	Address			
	Phone number		FAX	

* If you are not a member of Japan Robot Association, please submit the attached Company Profile Form as well.

Company Profile Form

Company name	
Representative	
Capital stock	
Number of employees	
Business overview	

* If you have a company profile, please send it to ORiN Consortium. In that case, you do not need to fill out this form.

Admission Application Form for Research Membership

____ / ____ / ____

Dear ORiN Consortium

I would like to apply for research membership in your consortium.

Institution name				
Representative	Name			
	Department Position			
	Address			
	Phone number		FAX	
Contact person	Name		E-mail	
	Department Position			
	Address			
	Phone number		FAX	

Research outline	
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* If you are an instructor at a university or other institution, please fill in the institution name, the contact person, and the research outline. You do not need to fill in the representative field.

* If you are an individual, please fill in the contact person and research outline. You do not need to fill in any other fields.