

**The Japanese Society of Neuropathology (JSNP)
Certificate of a Laboratory Technician**

I would like to apply for the associate member of JSNP herewith a certificate.
I promise to follow the regulations of JSNP when my admission is permitted

_____ (month / date / year)

Name: _____

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Here I certify that Dr./Mr./Ms. _____ is a
laboratory technician.

_____ (month / date / year)

JNSP member: _____