

**Society of Aesthetics of Costume
Application Form (for Regular Members)**

Application date	Day: Month: Year:		
Name (for organizations, use organization name)			
Birth date	Day: Month: Year:	Sex	Male / Female
Current residence	<div style="text-align: right;">Phone _____</div> <div style="text-align: right;">Fax _____</div>		
Affiliation (work- place or name of school)			
Location	<div style="text-align: right;">Phone _____</div> <div style="text-align: right;">Fax _____</div>		
School attended Date of graduation/ completion			
Specialty field and main research achievements			
Name of recommending member			

You may apply for membership without a recommending member.

This space for use by the Society	
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