Application of Japan CMO Association

Preferred membership (Check required)		□ Regular members		☐ Associate members		☐ Supporting members	
Date	Year				Month	Date	2
Company Name	(If yo		⁄ Associate	member,	your re	gular member's	name is
Representative							
Address	Zip cod	le		_			
Name of contact							
person Department/							
Division							
Address (In case of Different contact address)	₹			_	•		
Phone				_			
FAX#				_	·	-	
e-mail					@		
* Please kind	ly attach	Your c	ompany l	orochure			

c/o Bushu Pharmaceuticals Ltd.

Secretariat of Japan CMO Association

FAX: 049-233-4655 or

e-mail: jcmoa-jimu@bushu-pharma.com