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For the JADEN office only	
Date received	
Registration number	

Withdrawal form of Japan Academy Diabetes Education and Nursing

Name in full _____

Registration number _____

Contact information (address, telephone number, or email address)

Date of withdrawal
 Immediate withdrawal Withdrawal at the end of the fiscal year

Reason for withdrawal (optional)

I acknowledge that there are no unpaid dues.
Note: The Japan Academy of Diabetes Education and Nursing’s fiscal year starts in August
and ends in July of the following year.

Signature of Applicant

Date: _____