

KAIST Faculty Council

291 Daehakro Yuseong-gu, Daejeon 34141

Tel. (042)350-2267

Deduction Consent Form

I am a member of the KAIST Faculty Council and
I agree with the deduction for membership fees (₩5,000 per month).

2020. . .

KAIST ID: _____

Department: _____

Name and Signature

*Please send this form to the Faculty Council Office
(한혜진, khj0331@kaist.ac.kr) after you have completed it.