



MEMBERSHIP FORM

Paste your recent
passport size
photograph
4 cm x 4 cm
do not pin or
staple the
photograph

First Name:

Last Name:

Gender: Male ☐ Female ☐

Occupation:

Date of Birth:

Spouse Name:

Address:

City: State: Pin code..... Country:

Phone: Email:

Membership Type

☐ Individual

☐ Institution

Membership Span

☐ 1 Year Membership

Rs. 1000.00

☐ 5 Year Membership

Rs. 5000.00

☐ Life Membership

Rs. 10000.00

Signature

Date