

# MEMBERSHIP/SUBSCRIPTION APPLICATION

(Please print or write in capitals and strike off which is not applicable)

## Individuals

## Institutions

I/we enclose draft/cheque for Rs./US\$.....

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ Pin/Zip \_\_\_\_\_

Country \_\_\_\_\_

Date of Birth \_\_\_\_\_

Tel Work : (\_\_\_\_\_) \_\_\_\_\_

Tel Home : (\_\_\_\_\_) \_\_\_\_\_

Fax: \_\_\_\_\_

e mail: \_\_\_\_\_

Field of Interest \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date

Signature