



MEMBERSHIP FORM

Name :
Full Address :

Telephone Number(land phone) :
Cell phone :
Educational Qualifications : B.A/B.Sc M.A/M.Sc M.Phil/Ph.D
Institutional Affiliation if any :
Nature of life membership : Patron Individual Institutional
Amount and mode of payment : Cheque Cash Bank Transfer

Signature of candidate :
Place :
Date :

Recommended By :

For Office use only:

Accepted or not

Director / Deputy Director