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|  **APPLICATION FORM FOR MEMBERSHIP** |

Name (In block letters) Mr./Mrs......................................................................Date of Birth...../...../......

Address :Residence: ...............................................................................................................................

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Telephone :Residence:................................................... Office: ....................................................

Email : ...............................................................................................................................................

Educational Qualification : ............................................................................................................

University : ..................................................................................... Year: ......................................

Occupation / Experience (Past & Present) Attach Separate Sheet: ...................................................

Membership of other organization (if any): ..........................................................................................

Name of Spouse : Mrs./Mr.............................................................Occupation.....................................

Date of marriage: ....../....../......... No. Of Children(If any) ....................................................................

Areas of your expertise that you wish to contribute: ...........................................................................

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Proposed by: Name: .....................................................................................Signature: ........................

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 Signature of Member

 (Individual)

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Welcome Kit Dispatched on : ..........................................................................................................

Membership No. Allotted : .................................................................................................................