

MEMBERSHIP FORM

1. Surname: -----
2. First Name: -----Other Name(s) -----
3. Address for communication: -----

4. Telephone Nos.: -----
5. E-mail Address: -----
6. Qualifications: Please tick the one applicable
Graduate Postgraduate M.Phil. Ph.D.
Any other(specify) -----
7. Designation: -----
8. Department and University (affiliation) -----
9. Specialization: -----

10. Type of Membership (Please tick the one applicable)

LIFE MEMBER:

- NATIONAL EMPLOYEE(RS. 5000/-)
- FOREIGN EMPLOYEE (\$325/£168/250 EUROS)
- NATIONAL STUDENT (RS. 2500/-)
- FOREIGN STUDENT (\$125)

ORDINARY MEMBER (ANNUAL):

- NATIONAL EMPLOYEE(RS. 1000/-)
- FOREIGN EMPLOYEE (\$50)
- NATIONAL STUDENT (RS. 250/-)
- FOREIGN STUDENT (\$25)

CORPORATE MEMBER:

- PER YEAR(RS. 10,000/-)
- LUMP SUM(RS. 50,000/-)

11. Names of the members who propose and second my name for membership to the society:

(i)----- (ii)-----

12. I enclose the membership fee of Rs./ \$/ £/ euros ----- as per the details ticked above.

13. Draft/ Cheque No, Dated.....

Drawn on Bank

Signature:

Date:

Drafts/Cheques should be payable to FOSSSIL. Please enclose a copy of your Curriculum Vitae along with this form. For membership enquiries, please contact the Treasurer at: treasurer@fossil.in. For general enquiries please contact the Secretary at: secretary@fossil.in.