



centre for innovation in science & social action

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No.

MEMBERSHIP APPLICATION FORM

1. Name :

2. Permanent address :
 Pin:
 Phone:(Res.)
 Fax: (Office)
 Mobile:
 E-mail:.....

3. Profession/ occupation :

4. If employed, official address :

5. Address for communication :

6. **Membership category selected:** (tick the appropriate box)

Patron member		Rs.100,000	<input type="checkbox"/>
Donor member	(Individuals)	Rs. 10,000 and above	<input type="checkbox"/>
	(Organizations)	Rs. 25,000 and above	<input type="checkbox"/>
Life member		Rs. 5000	<input type="checkbox"/>
Annual member		Rs. 500	<input type="checkbox"/>
Student member	(annual)	Rs. 100	<input type="checkbox"/>

7. Your possible contribution to the Activities of CISSA?

I enclose Cheque / Draft No.....dated.....for Rupees.....(only) for.....category membership. I pledge to abide by the responsibilities and obligations associated with CISSA bonafide membership.

Place:.....

Date:.....

Signature

Proposed by Name:.....membership no.....

Seconded by Name:.....membership no.....

Note .This Application Form along with DD/ Cheque payable at Thiruvananthapuram in favor of CISSA should preferably be sent through the President/Secretary of the Chapter, if a chapter exists in your location, otherwise directly to the general secretary.