



**MEMBERSHIP RENEWAL FORM
(INSTITUTIONAL) 2017-2018**

Name of Organization: _____

Address: _____

City: _____ **Pin code:** _____

Phone: _____ **Fax:** _____

Email ID: _____

Nominees:

Sr. No	Name of Nominees	Designation	Contact No	Email ID
1.				
2.				

We are sending the Membership fee **Rs. 11,500/-** (including Service Tax)

through Online /NEFT / Cheque (Please ✓ Mark)