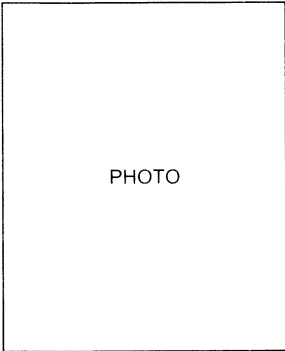


MEMBERSHIP FORM



NAME SURNAME FIRST NAME

EMAIL

ADDRESS

CITY

PINCODE

PHONES

FAX

ORG/ INSTITUTE

EDUCATION (PLEASE ATTACH COPIES OF CERTIFICATES)

INSTITUTE / UNIVERSITY	CITY	YEAR	QUALIFICATION

WORK EXPERIENCE	ORGANISATION	POSITION	YEAR

REFERENCES	NAME	IIID MEMBERSHIP NO.	SIGNATURE
1.			
2.			

MEMBERSHIP CATEGORY (SEE REVERSE FOR ELIGIBILITY & FEES)

ASSOCIATE ASSOCIATE LIFE TRADE AFFILIATE LICENTIATE STUDENT

I have read the constitution and code of conduct of the IIID and shall adhere to the principles outlined therein.

Enclosed herewith Cheque No. _____ Dated: _____ Drawn on _____

Signature : _____

Date : _____

FOR OFFICE USE

RECEIVED PAYMENT : DD CHEQUE NO. _____

DATE : _____

SCRUTINY COMMITTEE MEETING : DATE _____ APPROVED

DISAPPROVED

EXECUTIVE COMMITTEE MEETING : DATE _____ APPROVED

DISAPPROVED

MEMBERSHIP NO.



SIGNATURE _____
Chairman - Scrutiny Committee