



INDIAN ASSOCIATION FOR RADIATION PROTECTION
(An affiliate of INTERNATIONAL RADIATION PROTECTION ASSOCIATION)
APPLICATION FOR MEMBERSHIP

1. Name in Full _____
2. Date of Birth _____ 3. Sex _____ 4. Nationality _____
5. Institution _____
6. Designation _____
7. Mailing Address _____

- Tel _____ Fax _____ E-mail _____
8. Academic Qualifications _____
9. Professional Experience _____
10. Nature of Present Work _____

11. <u>Nature of Membership</u>	<u>Fees</u>	<u>Miscellaneous charges</u>
Annual Membership	Rs.250/\$50	Rs.10/\$10
Life Membership	Rs.1500/\$500	Rs.50/\$25
Sustaining Membership (annual)	Rs.5000/\$800	NIL

I send herewith Rs./US\$_____ by cheque/Demand draft/online transfer to Account no. 10536133787 IFSC code SBIN0001268 favouring "IARP Trust" with transaction id_____ (which includes Rs.US\$ _____ miscellaneous charges)(Strike out whatever is not applicable).

Place _____

Date _____

(Signature)

Cheque and demand draft should be drawn in favour of Indian Association for Radiation Protection and should be payable at par in Mumbai. Outstation cheques should include bank's collection charges also. The complete form with the subscription should be sent to the Secretary of the association.

To be filled by IARP Secretariat only

Application received on _____ by _____

Membership approved on _____ by _____

(President/Vice President)

Receipt No. _____