SOCIETY FOR ETHNOPHARMACOLOGY

Affiliated to: International Society for Ethnopharmacology, Switzerland

www.ethnopharmacology.in

MEMBERSHIP FORM

(Please fill the form in Block letter)

1. Name: Dr /Mr./Ms./Mrs.

2. Address for Communication:

Affix a colour photograph

City: PIN:

Phone No.

Mobile:

E-mail:

3. Designation & Organization:

4. Residential/Permanent address:

City: PIN:

Phone No.

5. Gender: Male: Female: Date of Birth: / /

6. Field of Specialization: _____

7. Student: Yes: No:

8. Forwarded by the Guide/Head of the Dept/Institute:
(*For student members only*)

9. Name of the Affiliated Local Chapter (if any):

10. Academic qualification*: (Name of the degree, university/institution and year of passing)*

	Degree/Subject	*University/Institute*	*Year*
Under Graduate:	_____	_____	_____
Post Graduate:	_____	_____	_____

12. Type of membership applied for (tick in the appropriate box):

i.	Corporate member from Industry/Organization [2 membership for 5 years]	:	Rs.10000.00	
ii.	Regular member [Annual]	:	Rs. 1000.00	
iii.	Regular member [5 years]	:	Rs. 4000.00	
iv.	Regular member [10 years]	:	Rs. 7000.00	
v.	Regular member [20 years]	:	Rs. 12000.00	
vi.	Student member [Annual]	:	Rs. 700.00	
vii.	Student member [5 years]	:	Rs. 3000.00	

13. Mode of payment Cash/NEFT/ DD/Cheque No._____ dated_____ drawn from (Bank) _____Rupees _____only

Date & Place: _____

***Forwarded by the Coordinator of the Affiliated Local Chapter; if any/ Active member of the* SFE-India**

Signature of the applicant

Membership Number: *Validity:*

**** DD/Cheque should be drawn in favour of "Society for Ethnopharmacology" payable at Kolkata***
Please send the hard copy of the form and DD/Cheque to the Secretary, Society for Ethnopharmacology, India

SOCIETY FOR ETHNOPHARMACOLOGY
23/3 Saktigarh, Kolkata 700032, India; email: sfeindian@gmail.com
Registered Society under Society Registration Act