

TANPAPS - MEMBERSHIP FORM
Life Membership Application Form

Name (in block letters): _____

Qualification: _____

Address:(in block letters) _____

Telephone & Fax No: _____

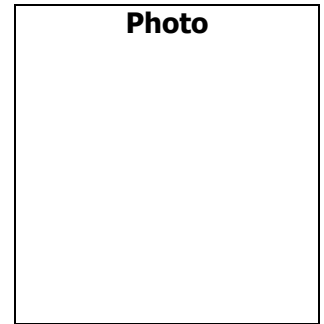
E mail: _____

Name & Address of the Institution: _____

Present Post Held: _____

Field of Interest: _____

Specify Remarks (if any): _____



| | |
|---|---|
| <p>Proposed by (Name in block letters): _____ Life Member, TANPAPS</p> | <p>Signature: _____ Designation: _____ Membership No: _____</p> |
|---|---|

Date: _____

(Signature) _____

Please return this form after completion along with the Life Membership subscription fee of Rs. 5,000/- to the

Secretary, Dr. R. Sridhar,

22, Second Street, Kumaran colony Vadapalani, Chennai - 600 026.

Payment by cheque (Rs. 50 extra for outstation cheques)

| | |
|-------------|-------------------|
| Bank Name | Karur Vysya Bank |
| Branch | COIMBATORE - MAIN |
| IFSC | KVBL0001120 |
| Account No. | 1120155000140196 |