

Membership Form

**INDIAN ASSOCIATION**

**FOR THE STUDY OF POPULATION (IASP)**

|  |  |  |
| --- | --- | --- |
| **1. Applying for** | **[ ] Life Member** | **[ ] Annual member** |
| **2. Name** | Mr/Mrs/Miss/Dr./Prof.  |
| **3. Designation** |  |
| **4. Address for**  **Communication** |  |
| **5. Mobile No:** |  |
| **6. Email ID:** |  |
| **7. Nationality:** | **[ ] Indian** | **[ ] Other: ……………………** |
| **8. Highest Academic Qualification:** |  |
| **9. Membership Type and Fees** (Inclusive of subscription to Journal - Demography India).Tick any one of the following:

|  |  |  |
| --- | --- | --- |
| IndiansIndian Residents AbroadForeign NationalsInstitutions | **Annual Members** | **Life Members** |
| [ ]  Rs.500[ ]  US$ 40[ ]  US$ 50[ ]  Rs.10,000 | [ ]  Rs.5,000 [ ]  US$ 400[ ]  US$ 400[ ]  Rs.20,000 |

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**Payment Details:** Payments for membership can be made through Demand Draft/Cheque/NEFT/ Google Pay and etc. transfer in favor of Indian Association for the Study of Population, payable at Delhi.

IASP Bank account details are as below:

|  |  |
| --- | --- |
| **Name:** | IASP |
| **A/C No.:** | 0267101516126 |
| **Bank:** | Canara Bank, IEG Kamala Nagar, Delhi-110007 |
| **IFSC:** | CNRB 0008461 |

**Payment Information:** I am enclosing DD/Cheque /pay transferred through NEFT towards IASP membership fee in favour of IASP with following details:

|  |  |  |  |
| --- | --- | --- | --- |
| **DD/Cheque /NEFT No.:** |  | **Bank Name and Branch Payable at:** |  |
| **Amount:** |  | **Dated:** |  |

**GENERAL INFORMATION**

1. Duly filled membership form, along with confirmation of fees paid should be sent to the Secretariat, IASP **either by post** at: Population Research Centre, Institute of Economic Growth, Delhi – 110007, **or via email**: iasp.india@gmail.com.
2. Annual members are requested to pay annual fees before 31st March, each year.
3. The membership becomes valid only when approved by the Executive Committee. Application fee will be returned in case of non-approval.

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of Applicant**