



# AMI Membership India

Annual Membership Fee: Rs. 1200/-

Date: .....

New Member  Student  Renewal

Prefix: Mr. Mrs. Ms. Other: .....

First Name: ..... Middle Name (if any): .....

Surname: .....  
(or Expansion of Initials)

**Address**

House/Flat No: .....

Street: .....

City: .....

Post code: .....

State: .....

Landline No: .....

Mobile No: .....

E-mail: .....

Comments: .....

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**OFFICE USE ONLY**

Payment: Rs. 1200/-

Cash :

Cheque/DD No :

Bank Name :

Ch/DD Dated :

Receipt No :

Receipt Dated :

Receipt sent on :

Membership No :

Card Sent on :