

# Application Form for AMI Membership

(For Indian Residents Only)

Membership Status	<input type="checkbox"/> New Member	<input type="checkbox"/> Renewal	
Prefix	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
First Name			
Middle Name			
Last Name			
Address			
City			
Pin Code			
State		Country	<b>India</b>
Phone			
Mobile			
E-mail			
Comments			
Type of Membership	<input type="checkbox"/> Annual Member <input type="checkbox"/> Student member <input type="checkbox"/> Renewal		
Method of Payment	<input type="checkbox"/> Crossed Local (Chennai) Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Cash		