Cyber Society of India

S-2, Second Floor,4th Main Road,
VGP Layout-Part III, Palavakkam, Chennai 600 041
(www.cysi.in)

Membership Application Form

1. Name of Applicant (In Block Letters):

2. Type of membership: 1. Individual-Life / Individual-Annual
2. Domestic / International 3. Corporate 4. Student

3. Age and Date of Birth:
(Date of incorporation, in case of Corporate):

4. Qualification:
(Academic, Technical, Professional etc)

5. Profession with office address:
(Nature of activity in case of Corporate)

6. Contact Nos (Telephone, Mobile Nos):

7. Residential Address:
(Contact person with designation and phone number in case of corporate)

8. Email Address/es: web-site:

9. Communication to be sent to: Email / Office a=Address / Res Address / Phone / Mobile

10. Subject of special interest:

11. Special achievements in career/profession:

12. Areas / fields of contribution to CySI, planned:

DECLARATION

I declare that all the details furnished above are true to the best of my knowledge and belief. I have read the rules and regulations governing the Society and hereby undertake to abide by them. I request the Society and its Board of Directors to enroll me as a member as per details given above. I understand that the Society and its Board of Directors are empowered to terminate my membership at any time without assigning any reasons therefor.
I would like to contribute to the functions and activities of CySI in the areas mentioned above.

I enclose cheque No: Dated: drawn on for Rs.

Date: SIGNATURE

For office us: Admitted: Resolution No. Committee Meeting dated:
Membership No. Membership id /Card No. issued on