

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):		Photo
2. Type of Membership: Individual-Life Individual - Annual		
Domestic	linternational	Corporate Student
3. Age Date of Birth		Blood Group
(Date of Incorporation, in case of Corporate)		
4. Qualification: (Academic, Technical, Professional e	tc.)	
5. Profession with office address:		
(Nature of activity in case of corporate)		
6. Phone Number (s)		
7. Residential Address		
(Contact person with designation and	phone number in case of Corp	oorate)
8. Email Address		
9. Communication to be sento to : Ema Office Addres		Mobile

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 ad 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 USE

Admitted Resolution No..... Committee Meeting

dated.....

Membership No.:....

Membership id/Card No.....

Issued on.....