

INDIVIDUAL MEMBERSHIP APPLICATION FORM

Full Name									
Date of Birth		Country							
Education (Starting from PhD to Bachelors)	Degree	Specialization			College or University				
	PhD								
	Masters								
	Bachelors								
	Other								
Total years of Experience (After Master Degree)									
Affiliation (Designation, Department or School or College or University)									
Domain of Research									
Category of Membership		<input type="checkbox"/>	Student	<input type="checkbox"/>	Associate Member	<input type="checkbox"/>	Member	<input type="checkbox"/>	Senior Member
Other Professional Affiliations and its societies with details (only valid membership information is required)	Professional body name	Membership number			Societies or Group within the Professional body				
Mailing Address									



Telephone		Mobile	
Facsimile		E-mail	
Membership Type* (use X)		Gold	Silver
You must select an Associate Network of your field of interest. (only one is allowed)			
* GOLD members are General Members			
* SILVER member are from economically weak countries			
NOTE: All fields are mandatory; otherwise your application may not be processed			
Your membership is for 10 years. The membership approval will take 15-25 days of application.			

Payment Details	
Membership Fee	US \$
Associate Network Fee	US \$
Total money Transferred	US\$.
Mode of payment**	
Transaction ID (if any)	
Sender Name	
Bank Details (from where the amount is Transferred)	
Date (dd/mm/yyyy) of payment	
Remarks (if any)	
** <i>NEFT Transfer or RTGS Transfer or Wire Transfer or Direct Transfer</i>	
For payment options visit the link http://www.theides.org/payment-in-ubi.htm	

I hereby declare that all the statements made in this membership application are true to the best of my knowledge and belief; and I agree to abide by the rules and regulations of the IDES from time to time.

Date:

(Signature)

NOTE: Send your completed membership form along with the scanned copy of the payments to **membership AT theides.org**