

MUSHROOM SOCIETY OF INDIA
Headquater : Directorate of Mushroom Research
Chambagaht, Solan (HP) – 173213 INDIA
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MEMBERSHIP FORM

1. Name (in block letters) : _____

2. Full postal address : _____

_____ Telephone No.(O) _____

(R) _____ E.mail address: _____

FAX: MOBILE: _____

3. Profession : _____

4. Date of Birth : _____

5. Educational Qualification: _____

6. Nationality : _____

7. Permanent Address : _____

(Residential) _____

I _____ request you that I may be registered as Annual/Life/Patron Member of Mushroom Society of India. I am remitting an amount of Rs./US\$ _____ (Rupees/US dollars _____ only) by Demand Draft as Membership fee in favour of Treasurer, Mushroom Society of India payable at Solan.

Date: _____ Signature of Applicant

Place: _____

Subscription Rates	Indian	Foreign
Annual*	Rs.500.00	US \$50.00 (\$25.00 For SAARC Countries)
Life	Rs.4000.00	US \$500.00
Patron	Rs.10000.00	US \$1000.00
Library**	Rs.1200.00	US \$150.00

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