

MUSHROOM SOCIETY OF INDIA
Headquater : Directorate of Mushroom Research
Chambagaht, Solan (HP) – 173213 INDIA
Tel.+91-1792-230541, 230767, Fax:+91-1792-231207

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: _____