



Member Identity No.: _____

ASSOCIATION OF FUNGAL BIOLOGISTS

Email ID: fungalbiologist@gmail.com

APPLICATION FORM FOR LIFE / ANNUAL MEMBERSHIP

Name (Dr. / Mr. / Ms.) _____	Please paste a passport sized photograph here
Academic Degrees: _____	
Designation: _____	
Address Official: _____	

Email: _____ Telephone: _____	
Mobile: _____	
Permanent Address: _____	

Email: _____ Telephone: _____	
Mobile: _____	
Area of Specialisation: _____	
Members of other profession: _____	
Amount Paid: _____ Transaction ID: _____	

Date: _____

Signature _____

Life Membership: Rs. 3000/-

Annual membership: Rs. 500 [Applicable only for UG & PG students and Research Scholars]

Payment only by electronic transfer:

Account No.: 168100140450002

Account Holder's Name: M/S. Association of Fungal Biologists

IFSC Code: TMBL0000168

MICR Code: 400060005

Bank Name: Tamilnad Mercantile Bank Ltd.

Branch: Sion (West)

After the online payment please, courier completed application form to the following address for completion of the membership procedure: Dr. Mahavir Gosavi, Head, Department of Botany, SIES College of Arts, Science and Commerce (Autonomous), Sion (W), Mumbai – 400022.