



Member Identity No.: _____

ASSOCIATION OF FUNGAL BIOLOGISTS

Email ID: fungalbiologist@gmail.com

APPLICATION FORM FOR LIFE / ANNUAL MEMBERSHIP

Name (Dr. / Mr. / Ms.) _____

Academic Degrees: _____

Designation: _____

Address Official: _____

Please paste a
passport sized
photograph here

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.