***I want to join SAEINDIA and take advantage of all the member benefits***

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| ***SAEINDIA* PROFESSIONAL MEMBERSHIP APPLICATION FORM** | | | | | | | | | | | | | | | | | |
| **Sponsor**  **(SAEINDIA Member)** | | | | | | | |  | | | | | | | | | |
| Name : | | | | | | | | ***SAEINDIA* Office :**  No 1/17Ceebros Arcade, 3rd Cross,  Kasturba Nagar, Adyar, Chennai -600020  Telefax : 91-44-24411904, Phone : 91-44-42152280 E-mail : [shiny@saeindia.org](mailto:shiny@saeindia.org) | | | | | | | | | |
| Membership No. | | | | | | | |
| **Please Type Or write clearly in Bold**  ***Member Details :*** | | | | | | | | | | | | | | | | | |
| ***First Name*** | | | | | | ***Middle Initial*** | | | | ***Last Name*** | | | | | | | |
|  | | | | | |  | | | |  | | | | | | | |
| ***Age***: ***Date of Birth*** : Date ***Month***  Year ***Sex*** : ***Female / Male*** | | | | | | | | | | | | | | | | | |
| ***Name for Communication*** | | | | | | | | ***E-mail Address :*** | | | | | | | | | |
| **Educational Record – Professional Engg. Degree Received** | | | | | | | | | | | | | | | | | |
| ***Degree / PG / Dr.***  ***(B.E/B.Tech/ PhD) Specify*** | | ***Institute / University*** | | | | | | | | | | ***Years of study*** | | | | | |
| ***From*** | | | | ***To*** | |
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| **Home Address : (Block Letters)** | | | | | | | | **Business Address : (Block Letters)** | | | | | | | | | |
|  | | | | | | | | ***Designation :*** | | | | | | ***Dept. :*** | | | |
|  | | | | | | | | ***Company :*** | | | | | | | | | |
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| ***City :*** | | | ***State :*** | | | | | ***City :*** | | | | | ***State :*** | | | | |
| ***PIN :*** | ***Telephone No*** | | | | | | | ***PIN :*** | | | ***Telephone No:*** | | | | | | |
| ***Mob No:*** | | | | | | | |  | | | | | | | | | |
| ***My preferred mailing address : Home Business*** | | | | | | | | | | | | | | | | | |
| **Previous business information. : Please attach a Resume or fill below** | | | | | | | | | | | | | | | | | |
| ***Designation*** | | | | ***Name of Company*** | | | | | | | | | | | ***Years*** | | |
| ***From*** | | ***To*** |
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| ***Payment*** | | | | | | | | | | | | | | | | | |
| ***Amount in Rs*** | | | | | ***DD No. / Chq. No.:*** | | | | | | | ***Date:*** | | | | | |
| ***Bank:*** | | | | | | | | | ***Branch:*** | | | | | | | | |
| ***Date*** | | | | | | | ***Signature :*** | | | | | | | | | | |
| **Rs1298/- (Incl. 18% GST) for all members below 28yrs and for teaching faculty.**  **Rs.1652/- (Incl. 18% GST) for all members above 28yrs of age.**  **Rs.11800/- (incl 18% GST) 10yr professional membership** | | | | | | | | | | | | | | | | | |