***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 : 91-44-42152280E-mail : 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*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Home Address : (Block Letters)** | **Business Address : (Block Letters)** |
|  | ***Designation :***  | ***Dept. :***  |
|  | ***Company :*** |
|  |  |
| ***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** |