

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

## SAEINDIA PROFESSIONAL MEMBERSHIP APPLICATION FORM

**Sponsor  
(SAEINDIA Member)**



Name :

Membership No.

**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), [asst-membership@saeindia.org](mailto:asst-membership@saeindia.org)

**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

**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