

### **Application for Membership**

| **Year** |  | **Appln. No.** |  | **Name of the Chapter** |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Membership** | **Chapter Code\*** |  | CH-Chennai, CB-Coimbatore  |
| • Patron | • Institutional | • Sustain | • **Life** | DE-Delhi, ED-Erode, KK-Karaikkudi, MD-Madurai, NG-Nagpur, PY-Pondicherry, TR-Trichy, TV-Tirunelveli, VE-Vellore |

| **Dr./Mr./Ms.** **Name (***In***BLOCK** *Letters, Initial at back***)**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of the Institution |  |
| Designation |  | Date of Birth |  |
| • **Official Address** | • **Residential Address** |
| ***(Tick any one to be considered as Address for Communication)*** |
|  |    |
| **Pin Code** |  |  |  |  |  |  | **Pin Code** |  |  |  |  |  |  |
| Land Line  |  |  |  |  |  |  |  |  |  |  | Land Line |  |  |  |  |  |  |  |  |  |  |
| Mob.1 | + | 9 | 1 |  |  |  |  |  |  |  |  |  |  | E-mail ID. 1 |  |
| Mob.2 | + | 9 | 1 |  |  |  |  |  |  |  |  |  |  | E-mail ID. 2 |  |

| Qualification  |  | **Total Experience**  |  |
| --- | --- | --- | --- |
| Areas of Interest  |  |  |
|  |  |
| **Membership Payment Details** | **Cash** |  | **Recommended by** |
| **Cheque/ DD Particulars**  | **Online Payment Details** | Name  |  |
| No. |  | Ref No. |  | Institution  |  |
| Date |  | Date |  |
| Bank |  | Bank |  | Designation |  |
| Rs. |  | Rs. |  | Memb. No. |  |

| **DECLARATION**I shall abide by the Rules and Regulations/Bylaws and Code of Ethics of the SALIS. I further undertake that I shall uphold the name of the SALIS by maintaining standards of integrity and professionalism.Place Date **Signature** |  **FOR OFFICE USE ONLY** |
| --- | --- |
| Membership No. |  |  |  |  |  |  |  |  |
| Receipt No. |  |
| Date of Membership |  |
| Initial of Treasurer |  |
| Receipt sent by | **C** | **P** | **I** | **O** |
| Certificate sent by  | **C** | **P** | **I** | **O** |



**Membership Fee:** Personal/Life Member: Rs.1000/-; Institutional Rs. 5000/-. Remittance should be made in favour of ‘SALIS’ payable at Chennai by Demand Draft only. Filled application should be sent to: **A. Hariharan, SALIS, Plot No.32 (GF), 2nd Main Road, Sabari Nagar Extn., Mugalivakkam Chennai – 600125. \*Will be assigned by HQ. C-**Courier**, P-**Post**, I-**In person**, O-**Others **For Online payment:** SB Ac. No. 1024343557, Name: Society for the Advancement of Library and Information Science, Branch Code: 02331, Branch Name: Nandambakkam, Chennai. IFSC Code: CBIN0282740 or **Download SALIS App from Google play store and pay Rs.1030/- through the App.**  