

### **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***)** | | | | | |  | |  | | |  | |  | |  | |  | |  | |  |  |  |  | |  |  | | |  | |  | | |  | |  | | |  | |  | |  | |
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| 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** | | | | | | | | |
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| 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.**  