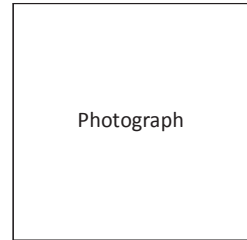


INDIAN ASSOCIATION OF POSITIVE PSYCHOLOGY MEMBERSHIP FORM

1. Name: -----Date of birth-----/-----/-----
2. Corresponding Address:-----
-----City-----Pin:-----
3. Telephone No with STD code: (O)------(Resi.)------(Mob.)-----
4. Email ID:-----
5. Organisation: -----

6. Qualification:-----
7. Working Status: Working/Self employed/Student/Non-working



8. **SUBSCRIPTION:**

The membership fee shall be prescribed by the Governing Body of the Society from time to time. Presently the Membership fees payable is as follows:

Categories of Members	Life Membership Fee	+	Admission Fee	+	Yearly Subscription Fee
<input type="checkbox"/> Founder Individuals Members	Nil		3000/-		Nil
<input type="checkbox"/> Life Members	3000/-		300/-		Nil
<input type="checkbox"/> International Members	Nil		1000/-		2000/-
<input type="checkbox"/> Patrons	Nil		5000/-		15,000/-
<input type="checkbox"/> Corporate Members	Nil		5000/-		5000/-
<input type="checkbox"/> Associate Members	Nil		50/-		500/-
<input type="checkbox"/> Student Members	Nil		50/-		100/-
<input type="checkbox"/> Honorary Members	Nil		Nil		Nil

9. Membership Fee favouring **“Indian Association of Positive Psychology” payable at New Delhi.**

[A] Pay by Cheque/draft no-----date----- payable at.....

I, here by declare that the particulars given above are true to the best of my knowledge and belief.

Date:
Place:

Signature of Applicant

RECOMMENDED BY

Name of Founder Member	Signature	Remarks, if any

For Official Use

Final Decision: Admitted/ Non-Admitted

Membership Type:
Membership No:

President **General Secretary**

NOTE: Please send the completed form and cheque/ Draft to:

“Indian Association of Positive Psychology”
CD-243, Vishakha Enclave,

Pitampura, Delhi-110088
Tel: 9811134351