



STRIVE MEMBERSHIP : ASSOCIATE MEMBER

1. Name
2. Present Position
3. Address
..... Pin Code
4. Tel/ Mob, Email
5. Date of Birth (dd/mm/yyyy)
6. Academic Qualification
7. Field of Study/ Professional Interest
8. Activities of the Institute in which interested (Please put mark, ✓(Yes) or ✗ (No) -
(a) Publications ___ (b) Seminars & Conf ___ (c) Research Projects ___ (d) Study/ Discussions___.
9. Any other information that may be of interest
10. I wish to become Associate Member (mark (✓)) as per rules and regulation of STRIVE. I will abide with all Rule, Bye Laws and Codes as applicable.

Date

(Name & Signature)

Approved/ Not Approved

Date

(Chairman)

11. **On Approval** - Please deposited / Transferred Associate membership Registration and Subscription to SBI (IFSC- SBIN0011512) Ac No – 39478390107) of Rs _____ for the period up to Mar 2022.

Note:

1. Subscriptions are based on the financial year and become due for renewal on 1stApril every year irrespective of the payment date.
2. Please hand over the filled application form with a passport size colour photograph to the Secretary.
3. The Registration & subscription – deposit through cheque / digital transfer at **STRIVE** account (**SBI, MB Club Lucknow , IFSC- SBIN0011512, A/c No -39478390107**) for the approved membership.
4. Please Attach proof of residential address.