THE ORCHID SOCIETY OF INDIA (TOSI)
Department of Botany, Panjab University, Chandigarh - 160 014, INDIA

ENROLMENT PROFORMA

I desire to enroll myself as member of The Orchid Society of India (TOSI). I give below the necessary particulars. I shall abide by the constitution of the Society.

1. Name (in block letters) (Prof./Dr./Mr./Ms.):

2. Date of Birth:

3. Professional details:
   (a) Highest degree:
   (b) Field of Specialization:

4. Email:

5. Mobile No.:

6. Present address to which all communication may be sent:
   (Change of Address must be quickly intimated to the Secretary)

7. Category of membership:

8. The subscription of Rs. ___ ________________________________ is being sent by Money Order/Postal Order/Demand Draft in the name of Secretary, The Orchid Society of India. [Annual Membership Fee - Rs. 1000/- (within India); Life Membership Fee - Rs. 5000/- (within India) with Admission Fee Rs. 100/-]

9. (a) Proposed by:
   (b) Seconded by:

   Date:
   Place:                           Signature

For Use in the Office of
The Orchid Society of India

Date and particulars of of membership
Sr. No.
Receipt of subscription Date of enrolment
Treasurer/Secretary President