

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

Receipt of subscription

Treasurer/Secretary

Sr. No.

Date of enrolment

President