

## APPLICATION FORM FOR INDIVIDUALS / LIFE MEMBERSHIP

**Choose Type:**  **Primary Life Member (PLM)**  **Associate Life Member (ALM)**

I, hereby, apply for membership. On approval of Membership, I shall abide by the Constitution & Byelaws of the COMPUTER MUSEUM SOCIETY and the Code of Ethics.

(Please **also** attach / upload a good quality minimum 300 x 300 pixels / passport size photograph along with a copy of Voter ID / Aadhar Card / PAN Card / Driving Licence to be used for making your CMS Membership Card).

Paste your recent passport size photo here.

### II. PERSONAL INFORMATION :

Title of the applicant Mr.  Miss.  Mrs.  Dr.  Prof.

First Name  Middle Name  Last Name

Name you would like to be printed on CMS ID card  Date of Birth

Gender Male  Female  Blood Group  Occupation

Primary Email ID  Secondary Email ID

Primary Mobile  Secondary Mobile

Residence Phone  
STD Code  Phone No.

Highest Academic Qualification:  University/Institute:  Year of Passing:

### III. Mailing Address (BLOCK LETTERS) :

**Office Address**  communication' address

Address line 1 :

Address line 2 :

Address line 3 :

City  State

Country  Pincode :

**Residential Address**  communication' address

Address line 1 :

Address line 2 :

Address line 3 :

City  State

Country  Pincode :

**IV. Payment Details :**

Please specify Mode of Payment [Online Payment / Demand Draft]

If payment made through Online Payment Gateway\*: Transaction ID

Date of Transaction   for ( Rupees )

(\*Please email copy of Payment Response page along with Application Form) If payment made through Demand Draft DD / Cheque payable at par at Chennai should be drawn in favour of "Computer Museum Society".

Cheque  DD  (Please tick as applicable)

Amount Paid Rs.

Cheque / DD No.  Dated

Drawn on Bank Name  Branch Name

Please fill following details if it is direct deposit in State bank of India. (Please tick as applicable)

Date of Deposit   Mode of Deposit Cheque  / DD  / Cash

SBI Deposit branch name

Attach photocopy of Pay-in-slip with application form and write your Name, Contact no. on the reverse side of the Cheque / DD / Pay-in- Slip.

**V. Code of Ethics :** Undertaking: I affirm that as a CMS member, I shall abide by the Code of Ethics of the Computer Museum Society (CMS). I, further, undertake that I shall uphold the fair name of the Computer Museum Society by maintaining high standards of integrity and professionalism. I am aware that my breach of the Code of Ethics may lead to disciplinary action against me under the Byelaws and rules of the CMS. I, hereby, confirm that I shall be bound by any decision taken by the CMS in such matters. Further, I hereby convey my consent to receive the CMS publications in soft copy form and any other information about the activities of the society by email or by SMS on my Mobile number, from time to time, by the society or the members of the society.

• I hereby state that the above information given is true and correct.

Date: / /

Place: \_\_\_\_\_

Signature of Candidate : \_\_\_\_\_

Note by proposer / seconder : To the best of our knowledge and belief the above particulars are correct, and we consider him/her a fit proper person to be admitted as a member of the Society.

Signature of Proposer : \_\_\_\_\_

Signature of Seconder : \_\_\_\_\_

Name : \_\_\_\_\_

Name : \_\_\_\_\_

Membership Number: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application received date :   Received By :

Membership No :

**Application processed by :**

Name : \_\_\_\_\_

Signature : \_\_\_\_\_