

# Community Psychology Association of India

(Regd. Under Act 21, 1860, No. G. 12186)

## MEMBERSHIP FORM

To  
Dr. S.N. Dubey  
The General Secretary (O.S.)  
Department of Psychology  
K.S. Saket P.G. College  
AYODHYA – 224 123 (U.P.)

### PLEASE FILL THE FOLLOWING IN CAPITAL LETTERS

NAME (in full): \_\_\_\_\_ Age: \_\_\_\_\_

Designation: \_\_\_\_\_

Academic Qualification: \_\_\_\_\_

Experience: Teaching: \_\_\_\_\_

Research: \_\_\_\_\_

Office Address: \_\_\_\_\_

Pin \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Pin \_\_\_\_\_ Phone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Sir,

I am sending herewith a Demand Draft\* / Money Order for Rs. \_\_\_\_\_ being my subscription as a Life / Ordinary member of the Community Psychology Association of India.

Date: \_\_\_\_\_

Signature

Annual Membership Fee in india Rs. 500/-  
Annual Membership Fee - Overseas USD 50.00

\* Demand Draft should be in the name of Dr. S.N. Dubey Payable at Faizabad and may be sent to Dr. S.N. Dubey, 'Asha Deep', State Bank colony, Bachhara Road, Faizabad – 224 001 (U.P.)