

SOCIETY OF AEROSPACE MANUFACTURING ENGINEERS

(REGD. UNDER CHARITABLE SOCIETIES ACT 1955) (Reg. No. T112/2001)

Regd. Office

SAME C/o. MME, VIKRAM SARABHAI SPACE CENTRE THIRUVANANTHAPURAM – 695 022 INDIA Phone : (91-471-2563648,2563701) Fax : 91-471-2705427,2562106 email:info@s-a-m-e.in

APPLICATION FOR MEMBERSHIP

(1)	Name			E	□Male	Female	
(2)	Desig	nation					
(3)	Organ	ization					
(4)	Addre	ss for correspondence	•••••				
	City/7	۲own	• • • • • • • • • • • •	. State	•••••	. Pin	
	Telepł	Telephone (Off)					
	e-mai	e-mail Telefax					
(5)	Date of Birth						
(6)	Permanent/Home/Alternate Address						
	City/Town		•••••	. State		Pin	
	Telepł	ione					
(7)	Categ	Category of Membership applied for :					
		Life Member	Corpo	rate Member	Corpo	rate Life Member	
		Member		Category A		Category A	
		Associate Member		Category B		Category B	
		Student Member		Category C		Category C	

* Certified by competent authority to be submitted every year at the time of renewal

- (8) A. Educational Background List all degrees / diplomas
 - B. Membership of other Technical Bodies :
 - C. Years of experience in Aerospace Manufacturing field

(9) Field of Activity

(10) Statement to be signed by the applicant

I, the undersigned, do hereby declare that the statements made in this application are correct and that in the event of my selection, I will be governed by the Rules of the Society as they are now framed or as they may be altered hereafter under the powers of the said Rules, and that whilst a member of the Society, I will do all my best to advance the objectives of the Society.

(11) Recommended by : (To be filled by a SAME Member)

Name in Block letters

Membership No.

Signature

Applicant's Signature

For Office Use

NAME (in Capitals)							

ADMITTED / NOT ADMITTED

Membership No.

President

Secretary