

LINGUISTIC SOCIETY OF INDIA

Deccan College Postgraduate & Research Institute
Pune 411 006 (India)

APPLICATION FOR MEMBERSHIP*

(* In the following table, information about items enclosed in () may be provided optionally. If you need more space to write in any row, you may write overleaf by giving the Row number (1 to 7) followed by the relevant additional matter. **Do not change the size of the tables and see that the form does not extend beyond one page**)

To: The Secretary, Linguistic Society of India, Deccan College, Pune 411006, India.

Dear Sir/Madam, I request you to admit me as a **Life/Annual/Student Member** of the Society on the basis of the details about myself that I am giving in the table below. Towards the **membership charges**, [I am enclosing a **Demand Draft** drawn on _____ Bank **payable at Pune**] / [I have remitted the fee by **Postal Money Order payable** at the Society's **Pune** address] / [I am herewith paying **in cash**] an amount that I have indicated in the relevant portion of Row 7 below.

Date: _____

Signature: _____

1	Name	Surname (in CAPITAL LETTERS) (This is the part of your name on which you would like to be alphabetized, addressed etc.)		(Initials of middle name)	Given Name (in CAPITAL LETTERS)				
2	Academic Qualifications								
3	(Current Institutional affiliation)								
4	Postal Address	Full Street Address							
		City/Town							
	PIN code								
5	(Email address)								
6	(Phone) / (Fax)								
7	Membership applied for and fees paid for [Put a circle around the relevant box in Row B]	Amount	Life Membership		Annual Membership		Student (Annual only)		
			A	South Asian	Non-South Asian	South Asian	Non-South Asian	South Asian	Non-South Asian
			B	Rs. 5000	US\$ 400	Rs. 1000	US\$ 60	Rs. 700	US\$ 50

Note: **Rs.** = Indian Rupees; **US\$** = Amount in US Dollars or its **Rs.** equivalent.

For the Use of the Office of the LSI

Amount Received: Rs. _____ In Cash: _____. By M.O _____ D.D. No. _____ (Drawn on Bank: _____ Branch _____)

Signature of the Receiver of the amount _____ Date: _____