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Membership Form
(Form Should Be Filled In Capital Letters)

Name………………………………………………………………………………………………….

Qualification…………………………………………………………………………………………….

Designation ...........................................Subject……………………………………

Name of the institute …………………………………………………………………………………...

Correspondence Address………………………………………………………………………

……………………………………………………………………………………………..

Phone No…………………………………………….. Mobile No……………………………………

Email …………………………………………………………………………………………………

Declarations:

I hereby declare that I have read the terms and conditions carefully as mentioned and are
binding on me.

Signature of the member

Membership Fee:-

<table>
<thead>
<tr>
<th>Type of Membership</th>
<th>One year (Rs.)</th>
<th>Life Time Membership(Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal</td>
<td>800</td>
<td>4000</td>
</tr>
<tr>
<td>Institutional</td>
<td>1000</td>
<td>5000</td>
</tr>
<tr>
<td>DEWS Members</td>
<td>500</td>
<td>2500</td>
</tr>
</tbody>
</table>

Amount Rs.………………………………………………. Date……………………………………

D.D./Cheque No……………………………………………..Bank Name…………………………

Drawn in Favour of “Dabas Educational Welfare Society”, Payable at Account Number
32516795233, IFSC: SBIN0006814, SBI Mundka-110041, New Delhi, India.