Membership Form-Life/Professional

Membership No._

Year



4

5.

Indian Society for Applied Behavioural Science

1. Name :____ First Name Surname Second Name (In Block Letters) 3. Date of Birth:_____ (Day) 2. Sex: Male/Female (Month) (Year) Mailing Address: Telephone × • Residential : ___ Official Education and Training: Degree/Diploma Yéar Institution Subject(s) Α. (the highest downwards) -Β. Nature of Training Received **Organising Agency**

Experience as a Facilitator: 6.

Preferred Areas of Work as Facilitator (put as many $\sqrt{}$ as applicable) : 7.

Α,	Individual	L-Group	Public Sector		Unorganised Sector	
	Group	OD	Government Sy	ystem	Rural Areas	
	Large Systems	HRD	Private Sector		Voluntary Organisations	
Β.	Agriculture	Commerce	Education	Health	Industry	
C.	Any Other				•	

9. Employment Record (beginning with present employment):

10. I intend to continue/renew/hereby apply for Membership as a Life/Professional Member and shall abide by the Rules and Regulations of the Society as framed from time to time.

	Date			Signature						
1.	·			For New Mem	pers Only					
	Α.	A. Obtained certificate of completion of the requirements of Professional Development Year								
	B .	Experience of work as a Facilitator after completion of Internship:								
	C.	Recommendati	ons from : 1	· · ·	· .	3				
		Professional N								
2.			<u> </u>	For Office U	se Only					
	Å.	A. The Executive Board accepts the candidate as a Life/Professional Member vide resolution of the Meeting held at on								
	Prop	oosed by	······		Signature		(President)			
	Seconded by			Date			•••••			
	В.	Entrance Fee Paid		Annual Subscri 38 1989 1990 1	otion Paid for 991 1992 1993 199	4 1995	Life Membership Fe Paid			
	C.	Remarks	,	· · · · · · · · · · · · · · · · · · ·						