

DRAVIDIAN LINGUISTICS ASSOCIATION

APPLICATION FORM OF LIFE MEMBERSHIP/ INSTITUTIONAL MEMBERSHIP

1. Name (block letters) : _____

2. Sex : _____

3. Age : _____

4. Educational Qualifications: _____

5. Designation : _____

(For retired person, the position held at the time of retirement)

6. Address:

Official : _____

Residential: _____

7. Contact numbers:

E-mail : _____

Mobile : _____

Telephone: _____

8. Type of Membership : _____

Life (Lump sum) Indian Rs 2,000 (US\$ 250)

Institutional membership Indian Rs.20, 000 (US\$ 1000)

9. M.O./DD/Cheque/Cash/Bank Transfer _____

M.O./DD/Cheque needs to be in favour of 'Treasurer, Dravidian Linguistics Association'.

[SWIFT Code = **UBININBBKHU**; IFSC Code = **UBIN0533661**; Account No.= **336602010005526**;

Account Name = **Dravidian Linguistics Association**; Bank = **Union Bank of India**;

Branch = **Menamkulam**]

Place _____

Date _____

Signature _____

To

The Treasurer

Dravidian Linguistics Association

V.I.Subramoniam Memorial ISDL Complex

St. Xavier's College P.O.

Thiruvananthapuram-695 586

Kerala, India

For Office Use

Receipt No : _____

Details of remittance: _____

Date of Membership: _____

Treasurer/Secretary: _____