

**INDIAN POTATO ASSOCIATION
MEMBERSHIP FORM**

To

The Secretary/Treasurer,
Indian Potato Association,
ICAR-Central Potato Research Institute,
Shimla-171 001 (India)

I wish to enroll myself as Annual Member/Life Member/ Subscribing Member of the Indian Potato Association.

I am sending the prescribed fee of Rs. by Money Order/Indian Postal Order No./Cash/Cheque No./Demand Draft No./RTGS/NEFT/Online transfer transaction No. for printed version/online version/both. Kindly acknowledge the receipt.

Yours faithfully

MEMBERSHIP DETAILS

1. Name (in block letters) : _____
2. Date of Birth : _____
3. Designation/Occupation : _____
4. Address : _____

5. Email ID : _____
6. Telephone No. (i) Landline (with STD code): _____
(ii) Mobile No.: _____