



SOCIETY FOR PHARMACEUTICAL DISSOLUTION SCIENCE

Regd Office : Scitech Centre, 7, Prabhat Nagar,
S. V. Road, Jogeshwari (West), Mumbai - 400102

MEMBERSHIP APPLICATION

MEMBER INFORMATION

Please Print Clearly-Bolded Items are REQUIRED

Prefix Mr./Ms. _____
 First Name Middle Name Last Name
Informal Name _____ Gender: Female Male Job/Occupation Title: _____
Company Name / Organization _____

PRIMARY CONTACT INFORMATION Business Home

Street Address _____

City or Suburb: _____ State / Province: _____ Postcode: _____

Country: _____ Telephone: _____ Fax: _____

Email Address: _____ Mobile: _____

MEMBERSHIP CATEGORIES AND PAYMENT INFORMATION

All Members are entitled to vote on matters pending before the Society, hold office, and serve on committees. Memberships are individual and not transferable For membership category descriptions bylaws and the Regulatory Authority. Government and Student Membership Applications Visit www.spds.in

- Individual Life Membership : ₹ 5,000/-
- Corporate Life Membership : ₹ 50,000/-
- Faculty Life Membership : ₹ 2,000/-

Payment Mode :

- 1) Bank Transfer * Beneficiary Name : Society for Pharmaceutical Dissolution Science
* Bank Name : Bank of India
* Account Number : 010 220 110000628
* IFSC Code : BKID0000102
* Branch : IGIDR Branch, Goregaon (E), Mumbai

2) Payment Gateway. For more details please visit <http://spds.in/wp/new-member-application/>

Place : _____ Date: _____ Signature: _____

YEARS IN INDUSTRY / ACADEMIA			AGE RANGE		
<input type="checkbox"/> 0 - 4	<input type="checkbox"/> 5 - 9	<input type="checkbox"/> 10 - 14	<input type="checkbox"/> 18 -- 25	<input type="checkbox"/> 25 -- 36	<input type="checkbox"/> 36 -- 45
<input type="checkbox"/> 15 - 19	<input type="checkbox"/> 20+		<input type="checkbox"/> 46 -- 55	<input type="checkbox"/> 56 -- 65	<input type="checkbox"/> 66 and above

I hereby apply membership and certify that all statements in this application are correct and if elected to membership. agree to be governed by the Society Bylaws

Applicant's Signature Date

Referring Member Name ID#

OFFICE COPY

Membership No.:

Name : _____ Membership Details: _____

Payment Details: _____