

**I want to join SAEINDIA and take advantage of all the member benefits**

**SAEINDIA PROFESSIONAL MEMBERSHIP APPLICATION FORM**

**Sponsor  
(SAEINDIA Member)**



Name :

Membership No.

**SAEINDIA Office :**

No 1/17Ceebros Arcade, 3rd Cross,  
Kasturba Nagar, Adyar, Chennai -600020  
Telefax : 91-44-24411904, Phone : 91-44-42152280  
E-mail : [shiny@saeindia.org](mailto:shiny@saeindia.org),  
[sowmiya@saeindia.org](mailto:sowmiya@saeindia.org)

**Please Type Or write clearly in Bold**

**Member Details :**

First Name	Middle Initial	Last Name

Age:   Date of Birth : Date   Month   Year     Sex : *Female / Male*

**Name for Communication**

**E-mail Address :**

**Educational Record – Professional Engg. Degree Received**

Degree / PG / Dr. (B.E/B.Tech/ PhD) Specify	Institute / University	Years of study	
		From	To

**Home Address : (Block Letters)**

**Business Address : (Block Letters)**

		<b>Designation :</b>	<b>Dept. :</b>
		<b>Company :</b>	
<b>City :</b>	<b>State :</b>	<b>City :</b>	<b>State :</b>
<b>PIN :</b>	<b>Telephone No</b>	<b>PIN :</b>	<b>Telephone No:</b>
<b>Mob No:</b>			

My preferred mailing address : Home  Business

**Previous business information. : Please attach a Resume or fill below**

Designation	Name of Company	Years	
		From	To

**Payment**

**Amount in Rs**  **DD No. / Chq. No.:**  **Date:**

**Bank:**  **Branch:**

**Date**  **Signature :**

Rs1298/- (Incl. 18% GST) for all members below 28yrs and for teaching faculty.  
Rs.1652/- (Incl. 18% GST) for all members above 28yrs of age.

**Rs.11800/- (incl 18% GST) 10yr professional membership**