Application for Renewal of Individual Membership

I. Please fill in below information so that we can serve you better.

(*) Indicates mandatory fields

Membership No. *

Title of the applicant * Mr. Miss. Mrs. Dr. Prof.

FirstName* Middle Name Last Name *

Name you would like to be printed on CSI ID card* (Max 30 letters)

Total work experience in years:

CSI Communications: Hard copy Soft copy (Please tick)

I would like to renew membership for the following years. *

<table>
<thead>
<tr>
<th>Membership Duration</th>
<th>Fee Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>OneYear</td>
<td>Rs.1180.00</td>
</tr>
<tr>
<td>TwoYears</td>
<td>Rs.2124.00</td>
</tr>
<tr>
<td>ThreeYears</td>
<td>Rs.3068.00</td>
</tr>
<tr>
<td>FourYears</td>
<td>Rs.4012.00</td>
</tr>
<tr>
<td>Life</td>
<td>Rs.11800.00</td>
</tr>
</tbody>
</table>

Note for Life membership: Can even be paid in 4 equal installments spread over 4 years*:- each year Rs. 2500.00 + 18% GST= Rs. 2,950.00

i. Three PDCs of the amount Rs. 2,950.00 are to be given in the first year itself, along with the Membership Application Form.

ii. Membership shall be terminated with immediate effect, if the PDCs are not realized.

iii. Additional liability, on account of any subsequent changes in the GST rule will need to be paid by the member.

iv. In case you have renewed your membership to life we request you to send one digital passport size photograph with 300 resolution pixels preferably 3X3 in size to Swapnil@csi-india.org for photo IDcard.
II. In case your personal details like address, email id, contact no. are changed, Pl mention the same. *(Address proof required, if it is newaddress)*

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Email ID</td>
<td></td>
</tr>
<tr>
<td>Contact No.</td>
<td></td>
</tr>
</tbody>
</table>

III. Payment Details:
Please specify Mode of Payment: [Cheque/DemandDraft/NEFT]  
If payment made through NEFT–TransactionDate Amount in Rs. UTRNo.-  
If payment made through Demand Draft / Cheque payable at par at Mumbai should be drawn in favour of “Computer Society of India”.  
Cheque DD NEFT *(Please tick as applicable)*  
Amount Paid Rs. $ Cheque/DD No. Drawn on Bank Name Dated Branch Name  

If it is direct deposit in SBI bank:
Date of Deposit Mode of Deposit [Cheque/DD/NEFT] *(Please tick as applicable)*  
SBI Deposit branch name  

**Bank Details**  
A/c Name: Computer Society of India.  
Bank Name: State Bank of India  
A/c Type: Saving  
A/c No: 10865762700  
IFSC code: SBIN0007074  
Bank Address: Plot No. B-1, Central Road, MIDC, Andheri (East), Mumbai 400093  
GSTIN- 27AAATC1710F1ZC  

Attach photocopy of Pay-in-slip with application form and write your Name, Contact no. on the reverse side of the Cheque / DD / Pay-in- Slip.
IV. Code of Ethics - Undertaking:
I affirm that as a CSI member, I shall abide by the Code of Ethics of the Computer Society of India (CSI). I, further, undertake that I shall uphold the fair name of the Computer Society of India by maintaining high standards of integrity and professionalism. I am aware that my breach of the Code of Ethics may lead to disciplinary action against me under the Byelaws and rules of the CSI. I, hereby, confirm that I shall be bound by any decision taken by the CSI in such matters. Further, I hereby convey my consent to receive the CSI publications in soft copy form and any other information about the activities of the society by email or by SMS on my Mobile number, from time to time, by the society or the members of the society.
Date: / /  
Place:  
Signature: __________________________