



## ICWM MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name			
Date of Birth			
Current Address			
	City:	State:	PIN:
Country			
Occupation			
Company/Organization Name			
Position			
E-Mail Address			
Telephone			
Mobile			
Fax			

### MEMBERSHIP CATEGORIES

- ☐ Fellow
- ☐ Patron
- ☐ Lifetime
- ☐ Corporate
- ☐ Member
- ☐ Student

### REFERENCES

Name	Address	Phone

### SIGNATURE

I authorize the verification of the information provided on this form as to my credit. I have received the copy of this application.

Signature of Applicant:	Date:
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JOINING AND ANNUAL FEES		
Categories	Joining Fee (INR)	Annual Fee (INR)
Fellow	To be Awarded	
Patron	2,50,000	-
Lifetime	1,50,000	-
Corporate	1,00,000	50,000
Member	75,000	25,000
Student	1,000	12,000