

# INDIAN ACADEMY OF APPLIED PSYCHOLOGY (REGD.)

(Established 1962)

Department of Educational Management & Applied Psychology  
National Institute of Technical Teachers Training & Research  
Chennai 600 113, India.

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## MEMBERSHIP FORM

The Secretary, IAAP

Please enrol my name as Life/Ordinary/Student Member of the Indian Academy of Applied

Psychology. I am enclosing a Demad draft no. \_\_\_\_\_ dated \_\_\_\_\_

for Rs. \_\_\_\_\_ drawn on \_\_\_\_\_, as membership fee.

**(The DD Should be drawn in favor of "The Secretary, IAAP" payable at Chennai)**

1. Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

2. Occupation: \_\_\_\_\_ Designation: \_\_\_\_\_

3. Official address: \_\_\_\_\_  
\_\_\_\_\_

4. Mailing address: \_\_\_\_\_  
\_\_\_\_\_

5. Phone No.(s) Res: \_\_\_\_\_ Off: \_\_\_\_\_ e-mail: \_\_\_\_\_

6. Academic qualifications:  
(M.A. & Above) Academic Degree: \_\_\_\_\_ University \_\_\_\_\_  
\_\_\_\_\_

7. Class of Study: \_\_\_\_\_ College/University: \_\_\_\_\_  
(for Student members only)

8. Professional experience: \_\_\_\_\_

9. Area of specialization: \_\_\_\_\_

Place :

Date:

Yours faithfully,

Proposed by: Name: \_\_\_\_\_ L. M. No.: \_\_\_\_\_ (Signature)

(Life member Address: \_\_\_\_\_  
of IAAP only) Signature: \_\_\_\_\_

**For IAAP Secretariat Use Only**

Membership No: \_\_\_\_\_ Category: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Approved by Executive Committee on \_\_\_\_\_

**Secretary**

Membership fee: Life Membership Rs. 2000/-

Ordinary/ Student Membership (for one year) Rs. 200/-

These categories of memberships do not include subscription of the journal of the IAAP.

Please send a stamp size photograph along with this form.