



THE INTERNATIONAL CENTRE GOA

Application Form for Individual Membership **Life / Associate** **(Under Rule 4*)**

Date:

The President
The International Centre Goa
Dr. E. Borges Road
Dona Paula
Goa 403 004
India

Sir,

1. I am applying for Life / Associate (please circle the appropriate category) Membership as per the Rules of the Society of International Centre Goa (ICG).
2. I have read, understood and accept the Memorandum of Association (MoA) and the Rules of the Society of ICG and agree to abide by them and to pay the Membership Fee / Maintenance Charges as applicable and fixed from time to time.
3. Having read the MoA, I understand and accept that the activities of ICG are devoted primarily towards contributing to a better understanding of a broad range of economic, political, social and cultural national and international issues in the form of organizing and hosting academic events such as seminars and conferences, lectures, workshops and research, and through the promotion of cultural events in the areas of art and literature, music, theatre and others.
4. I understand that ICG's decision regarding my application for membership will be final.

Yours sincerely,

Full name (in block letters)

Signature

***Please see the Rules of the Society of International Centre Goa**

Notes for the applicant:

1. The form must be completed in capital letters wherever stated.
2. Fields marked with * are mandatory and must be completed.
3. All membership applications are duly considered by ICG's Admissions Committee and by the Board of Trustees whose decisions are final and binding.
4. The application is to be proposed and seconded by two individual members of ICG who have been members for 5 years.
5. Incomplete applications shall not be considered. ICG reserves the right to accept or reject any application without assigning any reason whatsoever.
6. The membership fee (and other fee as required), along with applicable taxes, shall be paid after membership is approved.
7. Member may opt for the Spouse Membership Card by paying an additional amount of Rs. 500/- + applicable taxes.
8. This application form can be collected from ICG for Rs. 500/- + applicable taxes (non-refundable). If the form is received by email or downloaded from the ICG website, the cost of the form has to be paid at the time of submitting the form.

***Category of Individual Membership applying for (please mark X):**

Life Member Associate Member

Application form is to be duly proposed and seconded by ICG members

***Proposed by:** _____
Name Membership No. Signature

***Address:** _____

***Mobile no.:** _____ ***email:** _____

*(*Please specify the reasons for proposing the applicant)*

***Seconded by:** _____
Name Membership No. Signature

***Address:** _____

***Mobile no.:** _____ ***email:** _____

*(*Please specify the reasons for proposing the applicant)*

*Photograph of applicant	Photograph of spouse

*Specimen signature of applicant	Specimen signature of spouse

Please write in CAPITAL letters. Fields marked * are mandatory and must be completed.

Title (Mr / Mrs / Ms / Dr)*			
*First name (in capital letters)			
*Family name / Surname (in capital letters)			
*Date of birth	dd	mm	yyyy
Age			
*Citizenship			
*Residence address			
*Residence telephone number			
*Mobile number			

*Office name and address		
*Office telephone number		
*Present position at workplace (attach brief CV with last position held if retired)		
*PAN No. (Please attach photocopy of your PAN card)		
*E-mail address (in capital letters)		
*Education	Name of institution	Degree awarded / year
Work experience:	Title	Dates
*Membership of 1. Academic organizations; 2. Professional organizations; and 3. Clubs / others (please attach separate sheet if required)		

Publications / achievements / distinctions / honours / awards (please attach a separate sheet if required)					
*Hobbies					
*Have you at any time been convicted by any court in India for any criminal offence?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
*Are there any criminal proceedings pending against you before a court in India?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
*Are you accused in any criminal offence? If yes, please specify.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
*Please give your reasons for applying for membership and how you can contribute to ICG's objectives (please attach a separate sheet if required).					

*Please state if any persons in your family are ICG members		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please fill the following:					
Name		Membership No.		Relationship	
*Name of spouse					
*Employment status of spouse					

*Education of spouse	Name of institution	Degree awarded	
*PAN No. (Please attach photocopy of PAN card)			
*Interests & hobbies of spouse			
*Email address of spouse			
*Would you like to have a Spouse Membership Card? (Rs. 500/- + taxes as applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Children	Name/s	Education	Age

UNDERTAKING:

The information furnished above is true and correct.

(Applicant's full name & signature)

FOR OFFICE USE ONLY

Receipt No.: _____

Date: _____

Admitted on: _____

Intimation sent on: _____