



MEMBERSHIP FORM

- NAME: _____
- DATE OF BIRTH: _____ NATIONALITY: _____
- ADDRESS: _____

- CONTACT NUMBER(s): _____
- E-MAIL ADDRESS: _____
- ACADEMIC QUALIFICATIONS: _____
- PROFESSIONAL AFFILIATION: _____
- PLEASE SPECIFY YOUR INTEREST IN SHAKESPEARE: _____
(e.g. theatre, criticism, translation)
- MEMBERSHIP FEE DETAILS:

MODE OF PAYMENT: *Online* AMOUNT: ₹ _____

REFERENCE NO.: _____ DATE: _____

DECLARATION: I, hereby, declare that all the information given above are correct to my knowledge and belief and can be retained and used by the Society for future correspondences. I am willing to join the Society as a Life Member / Student Member, to participate in the Society's activities / events and to get updates (*if any*) of the same.

Date:

Signature

MEMBERSHIP INFORMATION:

- Membership of the Society is open to anyone in India and abroad interested in Shakespeare's works.
- Membership of the Society is subject to the approval by its Executive Committee.
- Membership Fee: Indians - ₹ 2000 (LIFE) / ₹ 500 (STUDENT); Others - US \$ 50
- The Membership Fee can be credited directly to the account of "The Shakespeare Society of India"
Account No.: 10851299722; IFSC Code: SBIN0001067
- The duly filled and signed form, along with payment receipt need to be sent / submitted to the Society.



 **SBI Payments**

MERCHANT NAME: THE SHAKESPEAR SOC OF IND

UPI ID: SHAKESPEARSOC@SBI

SCAN & PAY

