



# INDIAN ACADEMY OF HORTICULTURAL SCIENCES (IAHS)

## (Formerly The Horticultural Society of India)

OFFICE: F-1, NATIONAL SOCIETIES BLOCK, NASC COMPLEX,  
DEV PRAKASH SHASTRI MARG, NEW DELHI - 110 012 (INDIA)  
Tel: +91-11-25842127; E-mail: hortacademy@gmail.com, hsi42@rediffmail.com  
Website: [www.hsi1942.in](http://www.hsi1942.in)

### MEMBERSHIP FORM

1. Name:	2. Date Of Birth (DD/MM/YYYY):			
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#### Bank Details for Online Transfer\*

i. Name of Bank: <b>Canara Bank</b>	ii. Account No.: <b>91532010026536</b>
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\*After online transfer, please intimate the Secretariat on the above address.

#### MEMBERSHIP FEES (Rs.)

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4	Individual Subscription	1,500/-		100\$ (Soft only)

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<b>Please give a tick* mark (✓) or yes or no</b>		(* Please tick only one option)
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#### DECLARATION

I wish to become the Life/ Individual Subscriber of Indian Academy of Horticultural Sciences (IAHS) and if enrolled agree to abide by its rules and regulations.

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Mail the duly filed membership form along with the fee to the **Secretary/Treasurer, Indian Academy of Horticultural Sciences (IAHS)** on the above address.

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