

INTERNATIONAL MEMBERSHIP FORM
SHAKESPEARE SOCIETY OF EASTERN INDIA

REGISTERED UNDER THE WEST BENGAL SOCIETIES REGISTRATION ACT, NO XXVI OF 1961

REGISTRATION NO: S/49021 OF 1985-86

FOUNDER PRESIDENT: LATE DR S. C. SENGUPTA

EXECUTIVE PRESIDENT & CO-FOUNDER: PROF. AMITAVA ROY, HONY GENERAL SECRETARY: DR SUBIR DHAR

HEAD /REGISTERED OFFICE: 6A, MAHARAJA NANDA KUMAR ROAD, KOLKATA, WB - 700029

PHONE: ROY: +91 33 24662688, DHAR: +91 33 23590845, BISWAS: +91 0 9830405624 (ALL BETWEEN 8 P.M. - 9 P.M.)

E-MAIL: ipslind@vsnl.com, tapu_biswas@yahoo.com

PLEASE FILL ALL THE DETAILS IN CAPITAL LETTERS ONLY

NAME OF THE APPLICANT:

FIRST	MIDDLE	LAST

NAME OF PARENT /SPOUSE:

FIRST	MIDDLE	LAST

CORRESPONDENCE ADDRESS: DOOR No, STREET ADDRESS, CITY, STATE /PROVINCE

	PIN CODE:				
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PHONE, WITH STD CODE:

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FAX:

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MOBILE:

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E-MAIL ADDRESS:

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JOB TITLE:

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DEPARTMENT:

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OCCUPATIONAL ADDRESS: DOOR No, STREET ADDRESS, CITY, STATE /PROVINCE

	PIN CODE:				
	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td></tr></table>				

OFFICE PHONE, WITH STD CODE:

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FAX:

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IP PHONE:

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GENDER:

MALE FEMALE

BIRTHDAY:

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I WOULD LIKE TO PARTICIPATE IN:*

ACTING QUIZZES SEMINARS

FILM THEATRE WORKSHOPS

*IN ORDER OF PREFERENCE

I WOULD LIKE TO BE A LIFE MEMBER (US\$ 500.00) / GENERAL MEMBER (US\$ 50.00) / STUDENT MEMBER (US\$ 25.00). I HEREBY DECLARE THAT I SHALL ABIDE BY ALL THE RULES AND REGULATIONS OF THE SOCIETY.

DATE:

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SIGNATURE OF THE APPLICANT:

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FOR OFFICE USE

PROPOSED BY:

--

SECONDED BY:

--

MEMBERSHIP No:

--

RECEIVED ON:

--

VALID FROM:

--

VALID THRU:

--

PLEASE AFFIX
RECENT
PASSPORT SIZE
(2.5 x 3.5)
PHOTOGRAPH