

New Member Joining Application



Photographic Society of **Madras**

Membership Type: *

- Annual Member
- Student Member
- Annual Member with ID Card
- Student Member with ID Card
- Life Member

Title: *

- | | |
|-------|-------|
| Dr. | Mr. |
| Mrs. | Prof. |
| Ms. | Other |
| Other | |

Name: *

Your Name in Full. Expand all Initials. Important for competitions and certificates

Date of Birth: *

Day Month Year

Designation / Occupation: *

Your current designation at work / Student / Retired / Not Employed / Housewife

Work Address: *

You can type "Not working" / "Retired" in case you are not employed

Home Address: *

Current residential address in full (no short forms).

Phone Number - Landline *

Country Code	Area Code	Phone Number
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Phone Number - Mobile *

Country Code	Area Code	Phone Number
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Email: *

PSM will communicate on this email ID regularly for its programs and all announcements. Your Mobile number will be enrolled into our WhatsApp communication group (Admin regulated no-spam group)

Blood Group: *

Please ensure you enter the correct group

Drug Allergies: *

You can type NONE if not applicable

Contact Person Name (In case of Emergency): *

Contact Person Relationship (spouse/parent/sister/brother): *

Contact Person Phone *

Agreement: *

I confirm that all information provided on this form is correct and also the latest as of this form submission to PSM via email or in print.

Membership Fee to be paid as indicated on the Website for the selected membership option. Please ensure you have selected the desired membership type

Note: Please attach -

1. A recent passport size photo
 2. Payment confirmation screenshot
- when sending this filled-in form by email - to focus@photomadras.org

Once all details are entered on this form, save it with a different filename.