

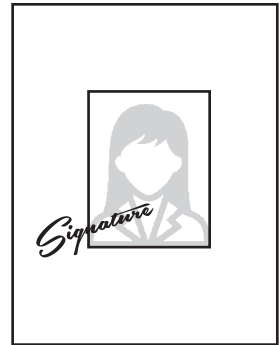
XOURNALS

International Association of Scientists & Researchers (IASR)

MEMBERSHIP FORM

It is mandatory for Members to fill all the fields.
Fill the form below and send the scanned copy at member@xournals.com

Dear Sir/Madam I wish to be a Member of "IASR" & agree to abide by your rules and regulations.



First Name

Last Name

Date of Birth

Gender



Subject Area

Membership Type:

Life Member

Professional Member

Associate Member

Dr./Prof./Miss./Mr./Mrs.

Contact: Mobile

Land line

E-mail (Capital Letters)

Organization Address

Country	Pin-
---------	------

Correspondence Address

Country	Pin-
---------	------

Payment Details

D.D.

Pay Pal

Online Bank transfer

Other

D.D. No./Transaction ID

Date

Amount USD \$

Place :

Date :

Signature



www.xournals.com



editor@xournals.com

Please email your publications only

info@xournals.com

Use this email for any other conversation or query.