

Indian Liquid Crystal Society

Membership Application Form

Name : _____
Last name First name Middle initials

Address : _____

Phone : _____ **Fax :** _____

Telex : _____ **E-mail:** _____

Highest Degree Obtained, Year and Institution _____

Current Interest in Liquid Crystals : _____
(Physics, Chemistry, Biology, Polymers, Applications etc)

Membership Category : (Please tick appropriate category)

Ordinary Member : Rs.100/- per annum Life Member : Rs.500/-

Student Member : Rs.50/- per annum Intitutional Member : Rs.2,000/-

Method of Payment : DD payable to “**Indian Liquid Crystal Society**”
at Bangalore.

Date

Signature

Please send completed membership form and your payment to :

The Treasurer, Indian Liquid Crystal Society
Dr.S.Krishna Prasad
Centre for Liquid Crystal Research
P.B. No. 1329, Jalahalli
Bangalore – 560 013