

Pakistan Society of PsychoPhysiology

Address: Suit# 7, 2nd Floor, B.B Shopping Mall, Gulistan-e-Johar, University Road, Opposite NED University. Email: pspp.pk@gmail.com

MEMBERSHIP FORM

All prospective members of PSPP are required to complete this registration.

Note. If this is a renewal of your membership, please tick the box here . Next, write your name in section 1, fill in any changes to the details in sections 1, 2 and 3 or leave unfilled if there are no changes, ensure you tick the appropriate payment details in section 2, then sign and send it to society mailing address or email it.

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other, specify:		
FULL NAME			
ADDRESS 1		WORK TELEPHONE	
ADDRESS 2		HOME TELEPHONE	
TOWN/CITY		MOBILE PHONE	
COUNTRY		PRIMARY EMAIL	

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	ANNUAL Membership Fee	Please Tick	Renewal Membership Fee	Please Tick
STUDENT	Student Members are students who are engaged in full-time study.	5000		3500	
ANNUAL	Associate Members are persons who lack the necessary qualifications for election as Plenary Members but who have sufficient interest in field to apply for membership.	1000		750	
LIFE TIME	Plenary Members are persons who are currently engaged in the practice, science, or technology at a professional level.	1500		1250	
AMBASSADOR	Ambassadors are strong champions supporter of Team PSPP and its ongoing project, event ,workshop etc.	750		550	
PAYMENT METHOD	<input type="checkbox"/> Cash <input type="checkbox"/> Postal or money order <input type="checkbox"/> Cheque				

SECTION 3: MEMBER INFORMATION

GENDER:	MALE <input type="checkbox"/>	FEMALE: <input type="checkbox"/>
OCCUPATION /JOB TITLE:	QUALIFICATIONS:	
AFFILIATION:		
ADDRESS OF AFFILIATED INSTITUTION /ORGANIZATION:		
WEB SITE OF AFFILIATED INSTITUTION /ORGANIZATION:		
AREAS OF YOUR ACADEMIC /PROFESSIONAL INTERESTS:		
ALTERNATE PHONE NUMBER AND EMAIL, IF ANY:		
NATIONALITY:	COUNTRY OF RESIDENCE:	

Declaration:

I Declare that the information submitted in this application process is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of this application.

SIGNED
(or write name here)

DATE