

SOCIETY OF MEDICAL ARTHROPODOLOGY (S.O.M.A.)

Membership Form

Society of Medical Arthropodology (SOMA) is a non-profit, non-political, scientific society interested only in promoting medico-arthropodological sciences as stipulated in its Constitution and the Bye-Laws. All scientists/Academics/Scholars/PG Students having interest in any field of Medical Arthropodology are invited to join the Society. The Society has the following membership fee structure, at present:

Membership Type	Payment frequency	India (INR)	Other SA Countries (USD)	Elsewhere in World (USD)
Ordinary Membership	Annual	800.-	15.-	20.-
Student Membership	Annual	300.-	10.-	15.-
Life Membership	1 st ten yrs.; up to 2027	2500.-	75.-	100.-
Institutional Membership	Annual	8000.-	100.-	150.-

This Form may be filled in and submitted to the Secretary General, SOMA, along with the "A/C payee" Demand Draft drawn in favour of "Society of Medical Arthropodology", and payable at any nationalized bank, as membership fee, and a passport size photograph, by Registered/Speed Post only to his address:

Dr. B. Reddy Naik,
Secretary General, SOMA,
Professor of Zoology & Director,
Sir Ronal Ross Institute of
Parasitology,
University College of Science,
Osmania University,
Hyderabad 500007 (Telangana), India
Email: srripou@gmail.com

For On-line transfer via NEFT/RTGS/IMPS please use following bank details:

1. NAME of A/C holder : **Society of Medical Arthropodology**
2. A/C No. of Pass Book : **62508094822**
3. BANK NAME : **State Bank of India, Hyderabad**
4. BANK BRANCH : **Osmania University, Hyderabad**
5. IFSC Code : **SBIN0020071**
6. MICR CODE : **500004044**

Note: In case of NEFT/RTGS/IMPS please inevitably email to this effect to Sec. General, SOMA < srripou@gmail.com > , along with a copy of bank receipt, for bank account tallying.

I, (Prof./Dr./Mr./Ms.)..... (Age: Yrs.)

[Please write full address, with city PIN]:

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Email: Mob. No.:
.....

hereby wish to join **Society of Medical Arthropodology (SOMA)** as an Ordinary Member/Student Member/Life Member/Institutional Member (Please tick the membership opted).

Date.....
.....
(Signature with Full Name)

Place