



Society for Tropical Plant Research

(Registration No.: K-48941)

Membership form

Name:

Date of Birth:

Gender:

Academic Qualification:

Area of Specialization:

Employment/Profession:

Organization:

Address for communication:

Email:

Tel. / Mob. :

How can you contribute in STPR?

Broad Area:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Algae | <input type="checkbox"/> Fungi (lichenised / non lichenised) |
| <input type="checkbox"/> Bryophyte | <input type="checkbox"/> Pteridophyte |
| <input type="checkbox"/> Gymnosperm | <input type="checkbox"/> Angiosperm |

Areas of Interests:

- | | |
|---|--|
| <input type="checkbox"/> Taxonomy | <input type="checkbox"/> Diversity Assessment |
| <input type="checkbox"/> Phenology | <input type="checkbox"/> Ecology, Environment & GIS/Remote Sensing |
| <input type="checkbox"/> Plant Breeding | <input type="checkbox"/> Genetics |
| <input type="checkbox"/> Physiology | <input type="checkbox"/> Bio-chemistry |
| <input type="checkbox"/> Molecular aspects | <input type="checkbox"/> Socio Economic & Forestry |
| <input type="checkbox"/> If other, please specify _____ | |

Membership:

- | | | |
|---|--|---|
| <input type="checkbox"/> Life Member
Rs. 2000.00 | <input type="checkbox"/> Annual Member
Rs. 500.00 | <input type="checkbox"/> Student Member
Rs. 300.00 |
|---|--|---|

Payment by demand draft (DD)/Crossed Check in the name of ‘Society for Tropical Plant Research’ (Ac. No.: 25750110028100), payable at UCO Bank, Kalyanpur Branch, Kanpur (IFSC: UCBA0002575).

Send the duly filled membership form, DD/crossed check & a copy of CV to **Mr. Ram Chandra Bajpai (Treasurer), Society for Tropical Plant Research, 197 A-1, Sahab Nagar, Kalyanpur, Kanpur -208017, Uttar Pradesh, INDIA**”.

Declaration

If elected to membership of the STPR

1. **I agree to abide by the rules of the Society as embodied in its Memorandum and Articles of Society.**
2. **I hereby consent to my name, address and contact details appearing in the Society's list of members.**

I declare that the journal I have chosen to receive are for my personal use only and will not be loaned or sold to any library or institution or otherwise disposed of.

Signature of the applicant:

Date:

For office use only

Approved/Unapproved

Membership No:

Authority Signature

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- **Membership: The membership of the Society shall consist of two classes:**
 - A. **Life membership** open to all having interest in the research related with the tropical plants. This membership is will be on payment of one time donation to the Society as is decided by the Society.
 - B. **Annual membership** open to all having interest in the research related with the tropical plants. This membership will be on annual renewal basis.
 - C. **Student membership** open to all students interested in the research related with the tropical plants. This membership will be on annual renewal basis.
 - **Privilege of the members:**
 - A. To vote, and/or, hold office.
 - B. To attend the general body meeting and other events of the society (excluding student members).
 - C. To receive all **publications** of the society at a discounted rate to be determined by the Executive Committee (excluding student members).
 - D. To receive the e-Journal of the society.
 - E. Any other privilege that may be offered by the Executive Committee from time to time.

You may also contact on e-mail: india.tpr@gmail.com /
omeshbajpai@gmail.com or Mo. +91 9889847979 for any other query.