



THE ASSOCIATION OF AGRICULTURAL LIBRARIANS AND DOCUMENTALISTS OF INDIA (AALDI)

APPLICATION FORM FOR LIFE MEMBERSHIP

Name	:	
Date of Birth	:	
Educational Qualification	:	
Designation	:	
Organisation	:	
Address for Communication	:	
Permanent Address	:	
Telephone	:	
Mobile Number	:	
e-mail ID	:	
Details of Payment for Life Membership	:	DD No. Dated: Bank
Any other information	:	

UNDERTAKING

I, _____ hereby agree to abide by the by-laws and rules of the Association of Agricultural Librarians and Documentalists of India (AALDI).

Date :

Place :

Signature