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**Range Management Society of India**

**Life Membership Form**

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| 1. Name |  | Photo |
| 1. Designation and Discipline |  |
| 1. Affiliation |  |
| 1. Address for Correspondence |  | |
| 1. Permanent Address |  | |
| 1. Email |  | |
| 1. Mobile Number |  | |
| 1. Whatsapp Number |  | |
| 1. Area of Specialization |  | |
| Payment Details | Amount:  Transaction ID:  Date: | |

\*Filled proforma to be emailed to [secretary.rmsi@gmail.com](mailto:secretary.rmsi@gmail.com)