



Cyberspace & Intellectual Property Foundation
Suite 404, Law Arcade,
18 - Pusa Road,
New Delhi-110005, India

Membership Form

1. Type of Membership applied for: (Please tick) Individual Corporate
2. Referred By: _____ Membership No: _____
3. Name : _____
4. Date of Birth : _____

5. Professional Qualifications _____
6. Organization _____
7. Designation _____
8. Communication Address:

Office Address

_____ PIN _____

Tel: _____

Mobile No : _____

Fax : _____

E-mail : _____

Website : _____

Residence Address

_____ PIN _____

Tel: _____

9. Communications from the CIPFO should be sent to
 Office Address Residence Address

I want to become a member of "Cyberspace & Intellectual Property Foundation" and accordingly have provided the desired particulars. I do agree to abide by the rules and regulations and privacy policies of Cyberspace & Intellectual Property Foundation as in force from time to time.

Date: _____

Signature _____

And I hereby enclosed a Cheque/ Bank Draft No. _____ dated _____ in favour of '**Cyberspace & Intellectual Property Foundation**' for Rs _____ (Rupees _____) towards the _____ (Individual / Corporate).