



Headquarters:  
 1103-1104, 11th Floor, Chiranjiv Tower, 43, Nehru Place, New Delhi-110019  
 Tel: +91 11 41635655/ 29234925  
 Email: membership@ishraehq.in Website: www.ishrae.in  
 GST No.: 07AAATI0241H1Z4

Name of Chapter/Sub-Chapter \_\_\_\_\_ Town / City \_\_\_\_\_

Membership Application for  Full Member  Associate Member  Affiliate Member

Name Mr./Ms./Mrs./Dr. \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Surname)

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Preferred Postal Address for Deliveries  Business  Home  
dd/mm/yy

Email ID \_\_\_\_\_ Alternate Email \_\_\_\_\_

Business Address \_\_\_\_\_  
 \_\_\_\_\_ Tel. Landline with STD \_\_\_\_\_  
 \_\_\_\_\_ PIN code \_\_\_\_\_ Tel. Mobile \_\_\_\_\_

Home Address \_\_\_\_\_ Tel. Landline with STD \_\_\_\_\_  
 \_\_\_\_\_ PIN code \_\_\_\_\_ GST No \_\_\_\_\_

Online Address (e.g. Skype/Facebook/Linked-In/Twitter/Any Other) \_\_\_\_\_

**Education**

<u>Course Attended</u>	<u>University / Institute</u>	<u>City ./ Country</u>	<u>Year</u>	
			<u>From</u>	<u>To</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Employment**

<u>Period (From / To)</u>	<u>Company Name</u>	<u>Position held</u>	<u>Responsibility</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



First

Second

Third

**Technical areas of interest**

(Use following codes to indicate choice)

- |                                 |  |                              |
|---------------------------------|--|------------------------------|
| 01 Indoor Air Quality           | 06 Air Cond. Equipment Under 15 TR     | 11 Clean Room                |
| 02 Energy Recover Services      | 07 Air Cond. Equipment Under 15-200 TR | 12 Pipe, Valve & Fittings    |
| 03 Air Cleaning & Odour Control | 08 Air Cond. Equipment above 200 TR    | 13 Sound & Vibration Control |
| 04 Industrial Ventilation       | 09 Unitary Refrigeration System        | 14 Control & Instrumentation |
| 05 Evaporative Air Cooling      | 10 Industrial Refrigeration System     | 15 Other (Please Specify)    |

**Papers published:**

Yes

No

If yes, topic and area of subject \_\_\_\_\_

**Reference** (Preferably by ISHRAE member)

I know the applicant by \_\_\_\_\_ (personal/business) association for approximately \_\_\_\_\_ years. To the best of my knowledge, the above information is correct and as such I recommend the applicant for ISHRAE membership.

Additional comments: \_\_\_\_\_

Reference Name /Address: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Membership Fee**

**Full Member / Associate Member / Affiliate Member**

	(For 03 Years)	(For 10 Years)
<b>Registration Fee</b>	₹ 2500/-	₹ 2500/-
<b>Annual Fee</b>	₹ 5000/-	₹ 12500/-
<b>GST</b>	18%	18%
<b>Total</b>	₹ 8850/-	₹ 17700/-

Account payee Cheque (for Outstation - DD only) to be drawn in favour of **“ISHRAE Headquarters”**

**Payment Details**

Cheque/Draft Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Drawn on \_\_\_\_\_ Dated: \_\_\_\_\_

**For Online Payment:**

Visit at [www.ishrae.in](http://www.ishrae.in) Transaction ID \_\_\_\_\_ Amount: \_\_\_\_\_ Dated: \_\_\_\_\_

**CERTIFICATE BY APPLICANT**

I hereby certify that the information provided above is true and correct to the best of my knowledge and if admitted, I will abide by the constitution and the rules & regulations of ISHRAE.

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**For Office Use:**

Admit  Reject

Membership Grade \_\_\_\_\_ Membership # \_\_\_\_\_