

AgriBiotech e-Newsletter

Open Access Multidisciplinary Monthly Online Magazine

www.agribiotechmagazine.com

MEMBERSHIP FORM

Name Dr./Mr./Ms./Mrs./Prof. : _____
Designation : _____
Specialization : _____
Affiliation : _____
Email id : _____
Mobile Number : _____
Address : _____

Membership: Annual Member ✓
Life Member ✓

DECLARATION

I wish to enroll myself as the Annual / Life Member of **AgriBiotech e-Newsletter** and shall be abide by the regulations thereof. Enclosed is the payment detail towards the said nonrefundable membership fee.

Yours Sincerely,

Date:

Signature

PAYMENT DETAILS

Payer Name : _____
Amount Paid : _____
Transaction id /UPI : _____
Payment Date and Time : _____
Mode of Payment : _____
Details attached : _____

Note: Duly signed Membership Form is mandatory to be sent to agribiotechmagazine@gmail.com after payment (within 1-2 business days).

