**Website:** [**www.smcrac.org**](http://www.smcrac.org) **Email:** [**office@smcrac.org**](mailto:office@smcrac.org)

**Membership Application Form**

|  |  |
| --- | --- |
| Full Name |  |
| Sex | Male / Female |
| Date of Birth / Age |  |
| Qualification |  |
| Designation |  |
| Address of the Organization |  |
| Address of the Correspondence |  |
| City / Pin Code |  |
| State |  |
| Country |  |
| Email |  |
| Mobile Number |  |
| **Membership Fee Payment Details** | |
| Draft / Cheque / Wire Transfer / NEFT / RTGS / PayPal / Net-Banking / SWIFT No |  |
| Dated |  |
| Banker’s Name |  |
| Contribution Amount (Mention Currency) |  |
| Reference |  |

I read the membership scheme managed by Saint Martin’s Centre for Research & Accreditation Commission (SMCRAC) and abide by its rules and regulation, more fully stated here above.

Signature of Member

Place:

Date:

**Note:**

* It is mandatory for all Patrons to fill all the fields.
* Send it as attachment to **smcracoffice@gmail.com**
* Membership charges: $ 100 (Life Time)

**Online Payment Link:** <https://www.smcrac.org/online-payment.php>