



INDIAN INSTITUTE OF CARTOONISTS

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Membership form

Name:.....

Address (permanent):.....

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Telephone/ Mobile no:.....

E-mail:.....

Address (communication):.....

Telephone/ Mobile no:.....

E-mail:.....

Age:.....

Education:.....

Profession:.....

1. Employed

2. Self-employed

Name of the organization

Designation

How did you come to know about IGC/ IIC?.....

I agree to abide by the membership rules and regulations of the IIC. I further declare that all the details provided above are correct and true to the best of my knowledge. I request you to kindly grant me membership of IIC. Membership fees of Rs. 5,000 is enclosed with the form in the form of cash/ cheque/ DD no. _____ drawn on _____ branch, _____ Bank.

Date:

Signature

Place:

For official purpose

Membership no./ Type

Date:

Place: