



Society for Failure Analysis

Society for Failure Analysis
C/O Regional Centre for Military
Airworthiness (Materials), CEMILAC
Kanchanbagh, Hyderabad – 500058

Phone: 040-24340750; Fax: 040-24341827
E-mail: rarcma.mat@cemilac.drdo.in
Website: www.sfaindia.org

Please ✓ applicable

Annual / Student Member

Life Member

**Affix
Recent
Passport Size
Photo**

1. **Title:** Dr/Shri/Ms

2. **Name in Block Letters:**

First

Middle

Last

3. **Name as you would like it on the card :**
(max. 25 letters including spaces)

4. **Date of birth**

5. **Father's Name/ Husband's Name**

6. **Present Occupation /Designation and office address:**

Phone:

Mobile:

Fax:

Email:

7. **Academic & Professional Qualifications:**

8. **Home address:**

Phone:

Mobile:

Fax:

E-mail

9. **Address for correspondence:**

office

Home

10. **Professional Experience:**

11. **Endorsement by SFA Member**

Name	Membership No.	Signature

12. **Primary Field of Interest: (please mark 1,2,3 in the in order of preference)**

Strategic <input type="checkbox"/>	Power <input type="checkbox"/>	Foundry <input type="checkbox"/>	Welding <input type="checkbox"/>	Heavy industry <input type="checkbox"/>	transport <input type="checkbox"/>
Design & Failures <input type="checkbox"/>	Quality control <input type="checkbox"/>	Petrochemical <input type="checkbox"/>	Consultancy / services <input type="checkbox"/>	Materials and manufacturing	Education <input type="checkbox"/>

13. **Name of the Chapter you intend to be attached**

(Please refer to Chapters' list)

14. **Subscription details:**

Payment should be made by cheque / DD favoring "Society for Failure Analysis", payable at Hyderabad. Outstation cheques not accepted.

Amount Rs. Cheque / D.D. No Dated

Bank Name Branch

Category	Amount Payable
Annual	Rs 200/-
Student Member	Rs 200/- (Can be upgraded to Life Membership on payment for five consecutive years)
Life Member	Rs 1000/- (One Time)

15. **Declaration by the applicant**

If elected, I agree to accept to pay the prescribed yearly subscription, to abide by the Articles of Association of the Society and to promote its aims and objects.

Signature of the Applicant

16. **Office Use Only**

Membership No.		Date of Enrolment		Chapter	
Amount Paid (Rs)		Receipt No. / Date			