



**Calcutta Statistical Association**  
UNIVERSITY COLLEGE OF SCIENCE  
35, BALLYGUNGE CIRCULAR ROAD, CALCUTTA-700019

E-mail: [csa@calcuttastatisticalassociation.org](mailto:csa@calcuttastatisticalassociation.org)

**Application form for Membership**

I am in sympathy with objects of the Calcutta Statistical Association and I am desirous of becoming a Member of the Association. I agree to abide by the Constitution and the Rules and Regulations of the Association.

I am sending the sum of \_\_\_\_\_ as my Ordinary/Life membership fees by Cheque on Kolkata Bank or Cash.

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

\_\_\_\_\_  
(Signature)

**(Please fill up in block letters)**

Name in full :  
(with titles and degrees)

Residential :  
Address

Corresponding:  
Address

Occupation :  
and place of  
Employment

Email :

Phone No. : (Office) (Residence)

Other :  
particulars

**(For office use)**

Form received on: \_\_\_\_\_ Subscription received on: \_\_\_\_\_

Proposed by :

Seconded by :

Date of Election :

Membership No. :

\_\_\_\_\_  
Signature of the Secretary