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Bangladesh Society of Agronomy

MEMBERSHIP FORM

Name (in block letter) : _____

Father's name : _____

Date of birth : _____

Designation : _____

Division/Dept./Section : _____

Organization : _____

Mailing address : _____

Permanent address : _____

Educational qualification:

Degree	University	Year	Major subjects/group
B.Sc. Ag.			
M.S.			
PhD			
Post Doc.			

Specialization : _____

Experience : _____

Date

Signature

For official use only:

Membership category: Life General Associate Student

Membership number: Date of entry: Signature:

Please inform any changes in address/particulars