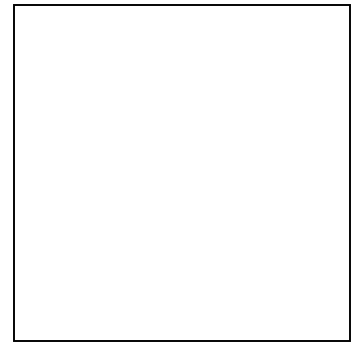


**INDO AMERICAN EDUCATION SOCIETY
USIEF Satellite Center**

MEMBERSHIP FORM

Date of Joining: _____ Date of Expiry: _____

Membership Type: Annual Quarterly Monthly



PERSONAL INFORMATION

Name: _____ Male Female

Home Address: _____ Contact No. (M) _____

_____ (H) _____

College / Office: _____ Date of Birth _____

Email ID: _____

ACADEMIC INFORMATION

Higher Stream: _____ Score (%) _____

Secondary Stream: _____ Score (%) _____

Graduation Stream: _____ Score (%) _____

Post Graduation Stream: _____ Score (%) _____

Field of Study in US _____ Degree sought _____

Plan to go for (Specify Year) Fall _____ Spring _____ Summer _____

TEST INFORMATION

TOEFL If appeared Score _____ If not appeared, specify date _____

GRE/ GMAT/SAT If appeared Score _____ If not appeared, specify date _____

I, the applicant, have made the payment of membership fee of Rs. _____ by Cash/Cheque.

Cheque No. _____ Dtd. _____ Drawn on _____ vide receipt
number _____ Dtd _____ .

I give my consent to IAES to share my email id with other agencies. YES / NO

Signature of the Applicant

Educational Adviser

"SOHAM" Ground Floor, Opp Sanjivani Hospital, Nr. Sonal Complex, Bodakdev Road, Ahmedabad - 380 054
Phone: 079-2676 5694, 2676 9044, **email:** eduadviser@gmail.com; **website:** www.iaesgujarat.org