



SAB - SANATAN ACCREDITATION BOARD
RENEWAL FORM CATEGORY SAB Patron Members

All prospective members of SANATAN ACCREDITATION BOARD-(SAB) is required to complete this registration form. Indicate any changes; Membership runs from round the year. **NEW MEMBERSHIP** **RENEWAL** **Changes for directory?**

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Prof <input type="checkbox"/> Ms		
Name of Individual			
Organization's Name			
Position/ Assignment		Work Phone (If Unique)	
Address 1		Principle Phone	
Address 2		Home Phone	
Town/City		Whatsapp	
Postal Division		Essential Email	
Country:		Auxiliary Email	

*Star the e-mail and phone number you would like listed in the directory

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check	Paste a Passport Size Photo here
Provisional ACCREDITATION BOARD	Admission Fee (One Time)	\$150	<input type="checkbox"/>	
Provisional ACCREDITATION BOARD	Annual Fee (Every Year Would be Charged)	\$	<input type="checkbox"/>	
PER MANDAY RATE OF AUDIT(Separate Quotation Will Be Send)		\$25/ Manday	<input type="checkbox"/>	
Payment mode	<input type="checkbox"/> Online Payment <input type="checkbox"/> Pay Pal <input type="checkbox"/> Western Union <input type="checkbox"/> Others		<input type="checkbox"/>	

SECTION 3: MEMBER INFORMATION

OCCUPATION /INFORMATION/JOB TITLE:
Member SAB: Yes <input type="checkbox"/> No <input type="checkbox"/> Would you like to receive SAB /It's Sister Organs membership information?: Yes <input type="checkbox"/> No <input type="checkbox"/>
Please indicate if you would be willing to serve on a chapter/committee etc.: <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time Is there any interest specific area/committee you would like to serve on? _____ (Committees/Positions/SAB / It's Sister Organs are listed at www.sanatanboards.com SAB sisterorgans.html)
Permission to use photographic images: Photographs of SAB members may be used in various SAB communications incl. the newsletter and website. Group photographs taken at SAB events may be used without identifying individual members. For individual photographs, please indicate your permission for use: _____ SAB /It's Sister Organs have my permission to use and identify photographs of me. _____ SAB /It's Sister Organs does not have permission to use and identify photographs of me. _____ SAB /It's Sister Organs must contact me before using any identified photographs of me in SAB communications.

All disputes relating to membership, SAB, services/privileges, issue of Identity Cards, Certificates and etc. are governed by Civil Laws and Civil Courts only subject to Mumbai, (India) Jurisdiction.

Declaration: I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We aware that I/We may be held liable for it. I/We hereby authorize sharing of the information furnished on this form with the **SAB** .

Date: _____

Signature: _____

To pay online: The Membership Fee in favour of "SAB" or You can Transfer the Amount through Bank directly in A/C NO. 129502000000891, **Bank Name:** Indian Overseas Bank, Mumbai. **SWIFT Code:** IOBAINBB089. **Ifsc Code:** , IOBA0001295 **Whatsapp.** : +91-8275879725

Regardless of payment method used, please form to be send at info@sanatanboards.com. fill your details in and **make sure to send a copy of your** - mail, which includes, name, address, tell, fax, **payment transfer receipt/-mail** and Whatsapp Number. Payment received **e-slip along with membership** will be updated at SAB after 48 hrs.