For Thai Resident

Name (in capital letters) | Date: ______________________
--- | ---
Dr * | Mr. | Ms | Others

Organization

Address for correspondence

E-mail: ___________________________ Phone: ____________ Fax: ________________

Membership/Subscription category (Please select)

<table>
<thead>
<tr>
<th>Category</th>
<th>Product</th>
<th>Amount (Baht)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization (Annual 2019)</td>
<td>10 Hard Copies + Online</td>
<td>30,000</td>
</tr>
<tr>
<td>Library (Annual 2019)</td>
<td>Hard Copy + Online</td>
<td>10,000</td>
</tr>
<tr>
<td>Annual (2019)</td>
<td>Hard Copy + Online</td>
<td>3,000</td>
</tr>
<tr>
<td>Associate (2018, 2019 &amp; 2020)</td>
<td>Three years Hard Copy + Online</td>
<td>5,000</td>
</tr>
</tbody>
</table>

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Name ____________________________

Visa/Master Card Number __________ Card code* __________

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