

Membership Form ~ Indian Menopause Society

Dr. Jignesh Shah
President

Dr. Shobhana Mohandas
Vice President

Dr. Anita J. Shah
Secretary General

Dr. Jyoti M. Shah
Treasurer

Dr. Dilip Gadhvi
Jt. Secretary

Dr. Bipasa Sen
Jt. Treasurer

Membership is open to any person with an interest in research, teaching or development activities in the areas of menopause.

Category: **A-** Gynaecologists _____, **B-** Non-Gynaecologist Medical Doctors _____

C- Non Medical Persons (Including Non Medical Doctors)_____. **D** - Corporate Membership_____

Type of Membership: **Life Membership** _____ **Annual Membership** _____

Title: Dr / Mr / Mrs / Prof. / Emeritus Full Name: _____

Specialty: _____ **Qualifications :** _____

Address: _____

_____ **City:** _____ **State:** _____ **Pincode** _____

Mobile number: _____ **Telephone No (with STD code) :** _____

Email (Mandatory) : _____ **Profession/Occupation:** _____

Adhaar No: _____ **PAN No:** _____ **Current Position:** _____

Affiliation with Institutions/Societies _____

Community / Extension Services: _____

(Please include any membership of Rotary/Lions/Jaycees/ Ladies Organization)

Select Society as per your location: Agra/Ahmedabad/Allahabad/Ajmer/Bangalore/Bharuch/Bhopal /

Bikaner /Bhagalpur/ Chandigarh/Chennai/Cuttack/Calicut/Delhi/Dibrugarh/ Faridabad /Gurgaon /Gwalior

/Guwahati / Gorakhpur/ Hyderabad/ Indore/ Jabalpur/ Jaipur/ Jalandhar/ Jammu/ Jodhpur/ Kolkata/

Lucknow/Ludhiana/ Madurai /Mumbai/ Nagpur/Patiala/ Patna/Pune/Raipur/Rajkot/ Surat /Shimla/

Udaipur/ Varanasi/ Vadodara/ Vijaywada.

Membership Fee:

NRI Life Membership: \$ 250 + 18% GST

Life membership Fees: Rs 5900/-

Ordinary Annual membership: Rs.1800/-

Corporate Annual membership Fee: Rs.100000/-+GST 18%

Please read Membership rules on

www.indianmenopausesociety.org

Please pay to **Indian Menopause Society** before the 30th of the month for instant processing of Life memberships.

Bank Details:

Current A/C 001320110000011, Bank of India

Cumbala Hill Branch, Mumbai

IFSC NO: BKID0000013

Membership Form Scan & Fees detail vide Cheques or Cash is to be **to be mailed to :**

imsmemberships@gmail.com

I enclose here the copy of pay in slip of Membership Fee paid Vide Cash/DD/ Cheque No _____ dated _____ towards Life /Annual Membership. I have read the Rules and Regulations of IMS and promise to abide by it. I certify that the information submitted here is complete & correct to the best of my knowledge. I agree to receive periodic SMS and Email Communications from IMS.

Date :

Signature of applicant

Proposed by life member of IMS, Name _____ Mem. No. _____ Sign _____

Date of Joining _____, Receipt No: _____, Membership No: _____.

You will receive a Life Membership Certificate and Receipt by post on completion of processing within 15 days of remittance of fees. If delayed please call - 994-962-1094