

BECOME A MEMBER

MEMBERSHIP FORM FOR UA CHAPTER IOA

Dear Sir,

I wish to apply for the LIFE/ASSOCIATE Membership of UA Chapter IOA

Name (Block Letter) : _____

Organization & Address : _____ Permanent Address : _____

Telephone : _____ Email : _____ Mobile No : _____

Date Of Birth : _____

Qualification

Institution/University

Year of Passing

MBBS

MS (Ortho)/D Ortho

Publications (Attach List)

Membership No.IOA

Place & Date : _____

Proposed By (Signature and Name in BLOCK Letter) : _____

Membership No UA IOA : _____

Seconded By (Signature and Name in BLOCK Letter) : _____

Membership No UA IOA : _____

Eligibility for

Life Membership

PG Degree / Diploma in Ortho

Fee 3000 Per Annum

Associate Membership

PG Student

Fee 1000 Per Annum

Payment Details

Amount: _____ Date: _____

Cheque /DD: _____ Drawn On _____

In favour of "UTTARANCHAL CHAPTER INDIAN ORTHOPEDIC ASSOCIATION"

Please Send Photocopy of MCI Registration, PG Qualification, One Photograph

Membership is subject to ratification in the subsequent GBM of UA IOA & Allotment of Membership number will follow the ratification