



INDIAN MUSCULOSKELETAL ONCOLOGY SOCIETY

MEMBERSHIP FORM

To
The Secretary
Indian Musculoskeletal Oncology Society

Title: Prof. Dr. Mr. Mrs. Ms.

First Name	Last Name	Middle name
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Specialty	Highest qualification
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Department: _____

Institution: _____

INDIAN MUSCULOSKELETAL ONCOLOGY SOCIETY
Email: _____

(All correspondence will be by e mail)

Postal address:

Street: _____

City: _____ State: _____

Country: _____ Pin: _____

Contact No.: _____ Fax: _____

I, the undersigned hereby desire to become a life member of the Indian Musculoskeletal Oncology Society and to consent to the bylaws.

I am enclosing the payment of Rs. 5000/- By Cash/ Cheque No / DD No

Signature: _____

Date: _____

We the undersigned, active members of IMSOS, support and propose the application for membership in IMSOS of the above named person.

1. **Name:** _____ **Date:** _____

Signature: _____ **IMSOS NO:** _____

2. **Name:** _____ **Date:** _____

Signature: _____ **IMSOS NO:** _____

The membership fee for Life Membership is **Rs. 5,000/-** Please make Draft / Cheque in favor of “**Indian Musculoskeletal Oncology Society**” payable at Ahemdabad.

Corresponding address -

Dr. Ashish Gulia

Secretary, Indian Musculoskeletal Oncology Society
Room No.93, Ground Floor, Main Building,
Tata Memorial Hospital,
Mumbai- 400012
India.

Please note:

Please send the membership application form and Demand Draft at the above mentioned address only.

Certified photocopy of the highest qualification to be sent along with application form.

Certified photocopy of Medical Council Registration (if applicable) to be sent along with the form.

Membership is subject to ratification in the subsequent AGM of the IMSOS. Allotment of membership no. will follow the ratification.

Honorary members are not eligible to vote.

All correspondence will be by e mail.