



SICKLE CELL ASSOCIATION, NAGPUR.

(Regd. No. MAH. 43/05, Nagpur, Dated 15-01-2005)

Secretariat - Opposite Shradhanand Peth Anathalaya,
South Ambazari Road, Nagpur - 440 010.

MEMBERSHIP FORM

No. **169**

1. Full Name : _____
(In Block Letters) _____

2. Qualifications : _____

3. Address

a) Permanent Address : _____

Pin Code : _____

Phone : _____ Mobile : _____

b) Residence : _____

Pin Code : _____

Phone : _____ Mobile : _____

c) Clinic : _____

Pin Code : _____

Phone : _____ Mobile : _____

(Please indicate (✓) Address for Correspondence)

Fax No. : _____

E-mail address : _____

- 4) i) Life Membership Fee - Rs. 1000/-
ii) Ordinary Membership Fee - Rs. 100/-
(Annual)
iii) Institutional Membership Fee - Rs. 10,000/-
iv) Corporate Membership Fee - Rs. 20,000/-
v) Donor Membership - 25,000/-
(Please indicate (✓))

PAYMENT MODE

Cash

Cheque / D.D.

Cash Rs. _____ (Rs. _____)

Cheque / D.D. No. _____

Dated : _____

Bank : _____

Amount Rs. _____ (Rs. _____)

I will be abiding with all the rules and regulations of Sickle Cell Association, Nagpur.

Date :

Place :

Signature

Note : The Cheque should be drawn in favour of : **Sickle Cell Association, Nagpur.** Please add Rs. 20/- for all outstation cheques as bank charges