

SKULL BASE SURGERY SOCIETY OF INDIA

APPLICATION FOR MEMBERSHIP

(Please fill in capital letters)

- Associate Member
- Life Member

Name _____ Age _____

Designation _____

Address (institution) _____

E-mail : _____

Address (Home) _____

_____ Phone / Mobile : _____

Proposed by : _____ Seconded by : _____

Signature : _____ Signature : _____

Curriculum vitae to be enclosed
2500/-

Enrollment fee 500/- + Life membership fee

Total 3000/-

Associate Member - Enrollment Rs. 250/-

Yearly Membership fee Rs. 500/-

Total Rs. 750/-

Cheque / DD in favour of "Skull Base Surgery Society of India" Rs. 100/- for outstation cheques.

Date: _____