



MISSION ARTHRITIS INDIA (MAI)

Center for Rheumatic Diseases, 11, Hermes Elegance, 1988 Convent Street, Camp, Pune-411001, India

Tel.: (+91 20) 26348291 / 26348529 Fax: (+91 20) 26138980

Registered Trust No. AF 18151 (Pune)

MEMBERSHIP APPLICATION FORM

Surname..... First Name..... Middle Name.....
Address.....
Phone (Residence)..... Office..... Mobile.....
Fax..... Email.....
Age..... Date of Birth..... Occupation.....

Payment Details

Draft / Cheque No..... Amount..... Date.....
Banks Name..... City.....
Draft / Cheque No..... Amount..... Date.....
Banks Name..... City.....

Office Purposes

Membership accepted..... Membership No. allotted..... Signature.....

Note:

1. Relevant additional sheets can be attached to this form.
2. Draft for Rs. 100/- (Annual membership fees) may be sent favouring "Mission Arthritis India" payable at Pune.