

MEMBERSHIP APPLICATION FORM FOR NATIONAL ASSOCIATION OF INTERLOCKING SURGEONS (NAILS)

To,
Dr. B. Shivashankar
Honorary Treasurer
National Association of Interlocking Surgeons (NAILS)
C/O Iyer Orthopaedic Centre
103, Railway Lines
SOLAPUR – 413001, Maharashtra.
Tel: 0217-2317597, 2316783



Dear Sir,

I wish to apply for the LIFE membership of National Association of Interlocking Surgeons(NAILS).

Name (Block Letter) :-

Address for Communications:

City : Pincode :

Tel No.

Mobile No:

E-Mail Address :-

Date Of Birth :-

Qualifications:-

IOA / State Chapter / City Chapter Membership No:-

I enclose the subscription of Rs. 1000 by Demand Draft No. Dated

Payable to 'NAILS' payable at Solapur. (Add Rs. 50 if cheque instead of Draft)

Or

I have paid Rs 1000/- along with NAILSCON 2016 registration fees

Signature.

Seal

(Please send this form along with DD/Cheque to Dr. B. Shivashankar)