

# Membership Application Form



PHOTO

Full Name (In Block Letters) : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Gender : Male ☐ Female ☐

Mailing Address : \_\_\_\_\_

City : \_\_\_\_\_ Pincode : \_\_\_\_\_ State : \_\_\_\_\_

## Contact Details

Phone(Residence) : \_\_\_\_\_ Phone(office) : \_\_\_\_\_

Mobile : \_\_\_\_\_ Email : \_\_\_\_\_

Name of the Institute : \_\_\_\_\_ Designation : \_\_\_\_\_

Address : \_\_\_\_\_

Areas of Interest in Paediatric Anaesthesia : \_\_\_\_\_

## Membership Details

Life Membership : Rs.5000/- (Rupees Five Thousand Only)

Associate Membership (Non Anaesthesiologists) : Rs.3000/- (Rupees Three Thousand Only)

## Mode of Payment

☐ Cheque - No. \_\_\_\_\_ ☐ DD - No. \_\_\_\_\_ ☐ Cash \_\_\_\_\_

(Outstation cheques are not accepted)

Cheque / DD to be drawn in favour of "INDIAN ASSOCIATION OF PAEDIATRIC ANAESTHESIOLOGISTS"

IAPA Secretariat

Dr. M.S.R.C. Murthy, Dr. Aavula Muralidhar.

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