



INDIAN MUSCULOSKELETAL ONCOLOGY SOCIETY

**MEMBERSHIP FORM**

To  
The Secretary  
Indian Musculoskeletal Oncology Society

Title: Prof.  Dr.  Mr.  Mrs.  Ms.

\_\_\_\_\_

**First Name**

\_\_\_\_\_

**Last Name**

\_\_\_\_\_

**Middle name**

\_\_\_\_\_

**Specialty**

\_\_\_\_\_

**Highest qualification**

**Department:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

INDIAN MUSCULOSKELETAL ONCOLOGY SOCIETY

**Email:** \_\_\_\_\_

(All correspondence will be by e mail)

**Postal address:**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Pin:** \_\_\_\_\_

**Contact No.:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

I, the undersigned hereby desire to become a life member of the Indian Musculoskeletal Oncology Society and to consent to the bylaws.

I am enclosing the payment of Rs. 5900/- By online transaction & transaction details .....

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_