



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 Cash/ Cheque No / DD No

Signature: _____

Date: _____

We the undersigned, active members of IMSOS, support and propose the application for membership in IMSOS of the above named person.

1. **Name:** _____ **Date:** _____

Signature: _____ **IMSOS NO:** _____

2. **Name:** _____ **Date:** _____

Signature: _____ **IMSOS NO:** _____

The membership fee for Life Membership is **Rs. 5,900/-** .(Includes GST)
Please make Draft / Cheque in favor of “**Indian Musculoskeletal Oncology Society**” payable at Ahmedabad.

Corresponding address –

Dr. Ashish Gulia
Bone and Soft Tissue Services,
Room no 93, Ground floor, Main Building,
Tata Memorial Hospital,
E. Borges Marg, Parel, Mumbai, 400012.



Please note:

- Please send the membership application form and membership fees at the above mentioned address only.
- Certified photocopy of the highest qualification to be sent along with application form.
- Certified photocopy of Medical Council Registration (if applicable) to be sent along with the form.
- Membership is subject to ratification in the subsequent AGM of the IMSOS. Allotment of membership no will follow the ratification.
- Honorary members are not eligible to vote.
- All correspondence will be by e mail.