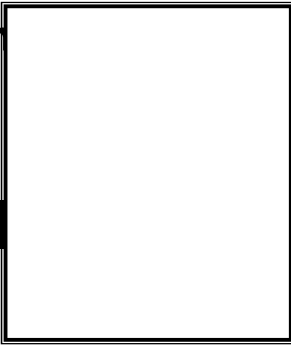




Bombay Neurosciences Association

Regd. Address: 45-46, Lady Ratan Tata Mem. Research Center,
Cooperage, M. Karve Road, Mumbai: 400020, INDIA
Website: www.bombayneurosciences.com
Email: bombayneurosciences@gmail.com



MEMBERSHIP APPLICATION FORM

Membership ID.:

Name: _____
Last First Middle

Sex: Male Female

Birth Date:
Date Month Year

Residence Address: _____

Pin _____

Office Address: _____

Pin _____

Contact Nos.:
Residence: _____
Office: _____
Email: _____

Mobile: _____
Fax: _____
Website: _____

Academic Qualification:
Degree: _____

Specialty: _____

Membership Details:
→ Neurological Society of India (NSI)
→ Indian Academy of Neurology (IAN)
→ Any other _____

Date Membership Code/ID

Current Appointment(s):
Position Hospital/Institute Address

Proposed by: _____ Seconded by: _____

BNA Membership Details:
Type: Life Member Rs. 3,000/- Annual Member Rs. 500/- Associate Member Rs. 200/- Associate Life Member Rs. 2500/-
 Enrollment Fee Rs. 250/- DD/Chq. No. _____ Amount _____ Bank _____

Date: _____ Member's Signature: _____