Membership Form 2024-25: Indian Menopause Society

Dr. Anju Soni President	Dr. Sudhaa Sharma Vice President	Dr. Bipasa Sen Secretary General
Dr. Jyoti Jaiswal Treasurer	Dr. Hephzibah Kirubamani Jt. Treasurer	Dr. Laxmi Shrikhande Jt. Secretary

Membership is open to any person with an interest in research, teaching or development activities in the areas of menopause.

Category: **A**- Gynaecologists _____, **B-**Non-Gynaecologist Medical Doctors _____

C- Non Medical Persons (Including Non Medical Doctors)_____.**D** - Corporate Membership_____

Title: Dr / Mr / Mrs / Prof. Full Name: _____

Specialty: _____ **Qualifications:** _____

Address: _____

_____

City: _____ **State:** _____ **Pin code**_____

Mobile number: _____ **Telephone No (with STD code) :**_____

Email (Mandatory) in CAPITAL LETTERS: _____

Profession/Occupation:_____

Adhaar No: _____ **PAN No:** _____**Current Position:** _____

Affiliation with Institutions/Societies_____

Community / Extension Services: _____

(**Please include any membership of Rotary/Lions/Jaycees/ Ladies Organization)**

Select Society as per your location: [Please Select ANY ONE Either Society or Chapter]

Agra / Ahmedabad / Allahabad / Aligarh / Amritsar / Bangalore / Bharuch / Bhopal / Bhagalpur / Belagavi / Chandigarh / Chennai / Calicut / Delhi / Dibrugarh / Faridabad / Gurgaon / Guwahati / Gorakhpur / Hyderabad / Indore / Jabalpur / Jaipur / Jalandhar / Jammu / Kanpur / Kolkata / Lucknow / Ludhiana / Madurai / Mumbai / Nagpur / Patiala / Patna / Puducherry / Pune / Raipur / Rajkot / Surat / Udaipur / Varanasi / Vadodara / Vijayawada / Ajmer / Gwalior / Jodhpur / Cuttack / Shimla

Membership Fee: **Life membership Fees:**	**Please read Membership rules on**
For Society: Rs.3000/- (For Local Society) Rs.3000/- + 540/- (GST) = 3540/- (HQ) **TOTAL: Rs.6540/-**	www.indianmenopausesociety.org NRI Life Membership: $ 250 +$45 (18% GST) = $ 295

Please submit the membership form along with Cheque/DD to the respective Local Menopause Society before the 25th of any month for instant processing of Life memberships.

I enclose here the Cheque / DD No. _____ of _____(Bank Name) Dated _____ with Membership Form, towards Life Membership. I have read the Rules and Regulations of IMS and promise to be abided by it.

I certify that the information submitted here is complete &correct to the best of my knowledge.

Date: Signature of applicant

Proposed by life member of IMS, Name _____Mem. No._____ Sign_____

You will receive a Life Membership E – Certificate by E – Mail on completion of processing within 30 days of remittance of fees.