** INDIAN SOCIETY OF HYPERTENSION**

**Application for Membership**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(For office use only)**

**Membership Code \_\_\_\_\_\_\_\_\_ Amount Received Rs./US $ \_\_\_\_\_\_\_\_\_ Dues Rs./US $\_\_\_\_\_\_\_\_\_**

**Receipt No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dear Sir,**

**Kindly enroll me as Life/Associate/Affiliate/Donor/Student/Honorary/Overseas/Corporate Member of the Indian Society of Hypertension. I am enclosing herewith the membership subscription of Rs./US$\_\_\_\_\_\_\_\_\_ (Rupees/US Dollars\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) and admission fee of Rs.100/- (Rupees one Hundred only) by cash/DD/Cheque No.\_\_\_\_\_\_\_\_\_\_\_ dated\_\_\_\_\_\_\_\_\_\_\_**

**drawn on \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I shall abide by the constitution of the society and shall pay all the dues as and when necessary. My particulars are given below:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Degrees and Years)**

**Specialization: \_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:**

**Office/Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Correspondence preferred at office/clinic/Residence**

**Field of Research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Honours/Awards/Fellowships etc: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Address of Introducers: Signature of Introducers**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: The application completed with all entries in CAPITAL LETTERS should be sent to Dr.J.L.Agarwal, Head, Department of Physiology, Saraswathi Institute of Medical Sciences, Harpur – 245304, Uttar Pradesh, accompanied by the payment of membership subscription and admission fee as mentioned below:**

1. **Life Member Rs.2000/- 2.Student Member Rs.200/- per year**
2. **Associate Member Rs.500/- per year 4.Affiliate Member Rs.5000/-**
3. **Donor Member Rs.10000/- 6.Overseas Member US$200/-**
4. **Honorary Member NIL 8.Corporate Member Rs.25000/-**

**Admission fee of Rs.100/- must be paid by each applicant except donor, overseas and corporate members. PAYMENT SHOULD BE IN FAVOUR OF THE INDIAN SOCIETY OF HYPERTENSION PAYABLE AT SURAT AND ALL OUTSTATION CHEQUES MUST INCLUDE AN ADDITION SUM OF Rs.50/- TOWARDS BANK CHARGES**