



IMAGE MEMBERSHIP APPLICATION FORM

Membership Category:

Life Membership

Associate Membership

Please affix
a passport-size
photograph

Membership No. _____ (to be assigned by IMAGE office)

Name: _____
(First) (Middle) (Surname)

Date of Birth: _____ Gender: Male Female

Correspondence Address: _____

Office Address: _____

Phone No: _____ Mobile No. _____

Primary email ID: _____ Secondary email ID: _____

Website: _____ Fax No.: _____

Sr. No.	Qualification	University / Institute	Year of Passing

Myeloma related publication, if any



Declaration: I hereby declare that the details furnished above are true and correct to the best of my knowledge.

Signature: _____

Date: _____

Proposed by:

Seconded by:

Name: _____
(IN BLOCK LETTERS)

Name: _____
(IN BLOCK LETTERS)

IMAGE Membership No. _____

IMAGE Membership No. _____

Email ID: _____

Email ID: _____

Membership Fee

Life Membership (LM)*	Rs. 5,000/- only (Rupees five thousand only)
Previously Associate Member (AM); now converting to Life Member (LM)	Rs. 2500/- only (Rupees two thousand five hundred only)
Associate Membership (AM)*	Rs. 2500/- only (Rupees two thousand five hundred only)
Life Membership (Residing Abroad)	\$ 500 US
Associate Membership (Residing Abroad)	\$100 US

* Also for SAARC nation

Life Membership: Practicing Hematologist/ Oncologist/ Radiation Oncologist; **Associate Membership:** Affiliated specialties (Rheumat/ Nephro/ Ortho/ Neuro/ Pathologists, Residents/ Fellow in Training, Nursing/ Paramedical Staff)

Membership Fee Remittance by:

Demand Draft (DD) Cheque Cash Online Transaction

Bank Details: Vijaya Bank
Army Hospital Branch, Delhi -110010.
A/C No: 680601011002606
Cheque in the name of "INDIAN MYELOMA ACADEMIC GROUPE"

Demand Draft / Cheque No. _____

Please send this form to:

Treasurer / Secretary - IMAGE
Dept of Hematology & Stem Cell Transplant,
Army Hospital (R&R), Delhi - 110010
Phone: +91-1125699830, Mob: 8826803309