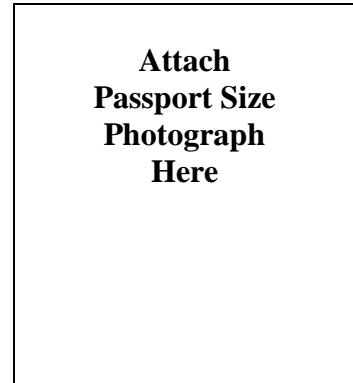


Association of Pelvic Acetabular Surgeons (AOPAS)

MEMBERSHIP FORM

To
The Hon. Secretary, AOPAS
Department of Orthopaedics,
AIIMS Jodhpur,
Rajasthan, India



Dear Sir,

I wish to apply for the **LIFE** Membership (LM) / Overseas Membership (OM) / Associate Life Membership (ALM) of Association of Pelvic Acetabular Surgeons (AOPAS)

Name (BLOCK LETTERS)

.....

Postal Address

.....

.....

.....

State Pin code.....

Date of Birth.....

Email.....

Telephone Mobile No.

PG Degree / Diploma..... Year

Institution

I enclose the payment of Rs.10,000/- INR (LM) / 250USD or equivalent (OM) / 5000/- INR (ALM) in favor of “Association of Pelvic Acetabular Surgeons” by Cheque no (at par) / DD No / (payable at Jodhpur).....

(AOPAS PAN No: AAEEAA7932N)

BANK NAME : Bank of Baroda, Marudhar Industrial area branch, Jodhpur

Account number : 18720100020928

IFSC Code : BARB0INDJOD

Place & Date -----Signature

Proposed By (NAME IN BLOCK LETTERS) SIGNATURE AOPAS Membership No.

Seconded by (NAME IN BLOCK LETTERS) SIGNATURE AOPAS Membership No.

Send the completed form with DD / Cheque to following address:

Dr. Abhay Elhence

Department of Orthopaedics,

All India Institute of Medical Sciences

Basni Phase II

Jodhpur-342005

Rajasthan, India

Mobile: 91-8003996926.

Email: abhayelhence@gmail.com, secretaryapas@gmail.com