

# ASSOCIATION OF PELVIC ACETABULAR SURGEONS MEMBERSHIP FORM

To, The Hon, Secretary,  
AOPAS  
Dr. Atul Patil  
Professor Orthopaedics  
Consultant Trauma, Pelviacetabular and Arthroscopy Surgeon  
Sancheti Institute for Orthopaedics and Rehabilitation  
16, Shivajinagar,  
Pune - 411030  
Phone: +91 9545457660

Passport  
sized  
photograph

Dear Sir,

I herewith apply for life membership (LM) / overseas membership(OM) / Associate life membership (ALM) of Associate Life membership of Pelvic Acetabular Surgeons (AOPAS)

Name (BLOCK LETTERS):

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Postal Address:

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City / District: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Id: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Landline Number: \_\_\_\_\_

Post graduate degree / Diploma: \_\_\_\_\_ Year: \_\_\_\_\_

Institution: \_\_\_\_\_

Enclosed payment of Rs: 10000 for LM  
Or US\$ 250 or equivalent for  
OM Or Rs. 5000 for ALM

Sent by cheque (at par) in favour of  
"Association of Pelvic Acetabular Surgeons"

Or receipt of bank transfer:

Account name: Association of Pelvic Acetabular Surgeons

Bank: Bank of Baroda, Marudhar Industrial Area Branch,

Jodhpur Account Number: 18720100020928

IFSC code: BARB0INDJOD (0 after BARB is zero, after J is O of  
Jodhpur))

Place: \_\_\_\_\_ Signature: \_\_\_\_\_

Proposed by (NAME IN BLOCK LETTERS, signature,  
and membership number)

Seconded by: (NAME IN BLOCK LETTERS, signature,  
and membership number)

Send the form to with payment / receipt of transfer

To,

Dr. Atul Patil

Professor Orthopaedics

Consultant Trauma, Pelviacetabular and Arthroscopy Surgeon

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