



IASSTD & AIDS

INDIAN ASSOCIATION FOR THE STUDY OF SEXUALLY TRANSMITTED DISEASES & AIDS

MEMBERSHIP APPLICATION FORM

(Fill in Capital Letters)

Date: _____

NAME: _____

AGE: _____

QUALIFICATION: _____

ADDRESS: _____

STATE: _____

PINCODE: _____

PHONE (R): _____ PHONE (CI): _____ MOBILE: _____

eMAIL: _____ FAX: _____

NAME OF INTRODUCER: _____

(Signature of introducer)

(Signature of applicant)

Life Membership Fee : 5,000/-

Annual Membership Fee: 500/-

Overseas membership: U.S.\$ 400

Note: Kindly enclose Passport size Photo, Bio-data, Xerox copies of Medical Degree and Medical council Registration Certificates.

Remittance should be in crossed A/C PAYEE Demand Draft drawn in favour of "IASSTD & AIDS", Chennai and should be sent to Treasurer. Service charge of Rs.75/- to be added to outstation cheques.

Dr. G. CHANDRASEKHARA RAO, M.D., D.V.,

Treasurer, IASSTD & AIDS

5/A2, Fifth Street, Nandanam Extension

Chennai - 600 035. Tamil Nadu

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