



MISSION ARTHRITIS INDIA (MAI)

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Registered Trust No. AF 18151 (Pune)

Web: <http://www.m-a-i.in>

MEMBERSHIP APPLICATION FORM

Surname : First Name : Middle Name :

Address:

Phone (Residence) : Office : Mobile :

Fax : E. Mail:

Age : Date of Birth : Occupation :

Payment Details

Draft / Cheque No. Amount : Date :

Bank's Name : City :

Draft / Cheque No. Amount : Date :

Bank's Name : City :

Office Purposes

Membership accepted : Membership No. Allotted : Signature :

Note :

1. Relevant additional sheets can be attached to this form.
2. Draft for 100/- (Annual membership fees) may be sent favoring " Mission Arthritis India " payable at Pune.