



MISSION ARTHRITIS INDIA (M.A.I)

C/o Center for Rheumatic Diseases,

11, Hermes Elegance, 1988 Convent Street, Camp, Pune - 411001.

Phone: 9405868875 / 9822312180 E-mail: contact@missionarthritis.org

www.missionarthritis.org

Registered Trust No. AF 18151 (Pune)

PRN _____

MEMBERSHIP APPLICATION FORM

Name Mr/Mrs.....Middle name Surname.....

Postal Address.....

City.....Pin.....State.....

Phone : (Resi.)..... Mobile

E-mail

Date of Birth..... Occupation.....

Diagnosis.....

Signature of applicant

PAYMENT DETAILS

Draft / Cheque No. Amount..... Date.....

Bank's Name City.....

Signature

Signature of applicant

Name.....

PROVISIONAL RECEIPT

Name of applicant.....Middle name.....Surname.....

Signature

Name.....



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Note :

1. Relevant additional sheets can be attached to this form.
2. Membership fees Rs. 200/-for One year or Rs. 500/- for 3 years may be sent in favor of "Mission Arthritis India" payable at Pune by Cheque or Draft.
3. Membership card will be sent by post.