



MISSION ARTHRITIS INDIA (M.A.I)

C/o Center for Rheumatic Diseases,
11, Hermes Elegance, 1988 Convent Street, Camp, Pune 411001.

Contact No.: 9405868875

Email: info@m-a-i.in

Website : www.m-a-i.in / www.arthritissupport.org / www.arthritisindia.in

Registered Trust No. AF 18151 (Pune)

MEMBERSHIP APPLICATION FORM

PRN _____

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.....



- 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.

TO AVAIL CONCESSION CONTACT

- **Center for Rheumatic Diseases (CRD)**..... Pathological Test
Phone: 26348529
- **Golwilkar Metropolis Health Services (India) Pvt. Ltd.**..... Pathological Test
Phone : 41008200 / 25666612
This card is valid at all branches
- **Naik X-Rays & Bone Density Center**..... X-Ray, BMD, Ultrasound,
Phone: 25652880. OPG X-Ray
- **Dr. Kelkar / PDS / Omega / X-Rays Clinic**..... X-Ray, Ultrasound, Doppler,
Phone: 24337313 / Swargate Phone : 24470664 CT Scan ,MRI Scan
- **Dhande Laboratory**..... Pathological Test
Phone : 25432950, 25459494, 25452020
This card is valid at all branches
- **National Institute of Ophthalmology (NGO)**..... Consultancy for Eye Treatment
Phone : 25536369, 25536324, 41460100
- **Ezzy Medicals**..... Medicines
Phone : 9730042962 , 26344247

*Photo identity of the card holder must be produced at the time of
Obtaining concession eg. Voters card, driving licence, I.Card etc.*