

## **APPLICATION FOR MEMBERSHIP**

Please write or tick () as applicable

1. Type of membership Overseas / Indian
2. Category: Annual / Life / Student / Family / Institutional / Corporate
3. Name (In block letters) \_\_\_\_\_  
Mr./Mrs./Dr./Ms. (Surname) (Name) (Father's / Husband's name)
4. Date of birth DD—MM—YY—

(Student membership not allowed for individuals above 25 years of age. Bonafide School / College certificate should be submitted at the time of admission)

5. Mailing address \_\_\_\_\_  
(In block letters) \_\_\_\_\_  
\_\_\_\_\_

6. Telephone No. \_\_\_\_\_  
RES: \_\_\_\_\_ OFF: \_\_\_\_\_  
MOBILE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

7. Authorized Signatory of the Institution  
NAME \_\_\_\_\_ DESIGNATION \_\_\_\_\_

8. Profession \_\_\_\_\_

9. Journal required YES / NO Life Members - Journal Required

10. Amount sent Rs. by Cash/MO/Cheque/DD No.

11. If proposed by a ANHS \_\_\_\_\_  
Member please mention Name/ Membership. No.

12. I agree to abide by the Rules / Regulations and Bye laws of the Society

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

Date: \_\_\_\_\_ (Member's Signature)