

NEURO SPINAL SURGEONS ASSOCIATION

Life Membership Form

Name : _____
Date of Birth : _____ Sex : _____
Designation : _____
Hospital Name : _____

Permanent Address : _____

Residence No. : _____ Mob : _____
Email : _____

Payment Details

Cheque/Draft No. _____ Date : _____ For Rs. _____ Drawn
on (Name of the bank) _____ being

- (i) Life Membership
(ii) Annual Subscription for the Journal of Spinal Surgery

Signatures

FOR OFFICE USE

Receipt Number Amount Date

Presented to EC on

Membership Confirmed / Rejected Membership No.

Information send to Applicant date by Post/Email

Signatures - Secretary NSSA