



(Regd. No. : 335 of 2012)

INDIAN ASSOCIATION OF SURGEONS FOR SLEEP APNOEA

Registered under the Tamil Nadu Societies Registration Act, 1975 (Tamil Nadu Act 27 of 1975)

Associate Society Member of World Sleep Society (WSS)



APPLICATION FORM FOR IASSA MEMBERSHIP

(For Office Use Only)

Membership No. _____ Year _____ Receipt No. _____

Elected as **LIFE / ASSOCIATE** member, in the General Body Meeting held at _____

Dated _____ Secretary _____

(PLEASE TYPE / WRITE IN BLOCK CAPITALS)

Application for **LIFE / ASSOCIATE** Membership

1. Name : _____

2. Father's Name : _____

3. Age / Date of Birth : _____

4. Medical Council Regn. No. _____ Date _____ State _____

5. Designation : _____

6. Qualification : _____ Speciality (for associate) : _____

Please affix your
photo here

Residential Address

City _____ Pin Code _____

State _____ Country _____

Ph : (With STD code) _____

Mobile: _____

Clinic Address / Institute Address

City _____ Pin Code _____

State _____ Country _____

Ph : (With STD code) _____

E-mail : _____

Communication to be sent to Resi Address / Clinic Address

I declare that the above information is true to the best of my knowledge.

Date : _____ Signature _____

Proposed by (only Life members are eligible to nominate)

Name of the member Membership no. Signature

a) _____

b) _____

(Payment details)

Cash / Demand Draft / Cheque / Online

DD / Cheque / UTR No. _____

Dated _____

Name of the Bank _____

✍ Life Membership fee : ₹ 3000/-, Associate Membership fee : ₹ 3000/-

✍ Please send DD in favour of "Indian Association of Surgeons for Sleep Apnoea", payable at Chennai

✍ Please add ₹ 100/- for outstation cheque (no need for at par cheque)

✍ Please inform any change in address (mobile number or Email ID) to the Secretariat at the earliest

The Application form duly filled along with DD / Cheque and Bonafide certificate for post graduates applying for Associate membership should be sent to the secretariat

Head Office: Madras ENT Research Foundation (P) Ltd

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