# MEMBERSHIP APPLICATION FORM FOR NATIONAL ASSOCIATION OF INTERLOCKING SURGEONS (NAILS)

To,

**Dr.B. Shivashankar**
Honorary Treasurer, National Association of Interlocking Surgeons (NAILS)
C/O Iyer Orthopaedic Centre, 103, Railway Lines
**SOLAPUR – 413001**, Maharashtra.
Tel: 0217-2317597, 2316783 WA: +91-9822402204
drbshivashankar@gmail.com

Paste
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here

Dear Sir,

I wish to apply for the LIFE membership of
National Association of Interlocking Surgeons ( NAILS).

**Name (Block Letter) :-** _____

Address for Communications: _____

_____

City: _____ PIN CODE: _____ STATE: _____

Tel No _____ Mobile No: _____

Whats App Mobile No: _____ E-Mail Address :- _____

Date Of Birth :- ___/___/_____ Qualifications:- _____

Medical Council registration No _____ State _____

Life Membership Details IOA _____ State Orthopaedic Association _____

I enclose the subscription of Rs. 3000 by Demand Draft / Multi City Cheque
No. _____ Dated _____ Payable to '**NAILS**' payable at Solapur.

Online Transaction . Transaction ID with date _____ Date _____
Please also inform on Whats app as soon as online transaction done on +91-9822402204

Account Name: **National Association of Interlocking Surgeons**
**Bank of Baroda,** Railway Lines, Solapur.
Account type : Savings Branch: Railway Lines, Solapur
Account No 10140100001970
IFSC Code: **BARB0RAISHO** (5th Character is Number Zero, Last Character Alphabet O as in Owl ).
Mail this application to Treasurer with details of Bank transfer

**Signature.**
Seal