

INMA

Indian Nutritional Medical Association

Application for Membership

Name _____

Address _____

State _____ Pin _____

Phone No _____

Email _____

Qualifications _____

Post graduate qualifications _____

Other training / Experience _____

Experience in Nutritional Medicine _____

Medical Council Registration Details _____

Membership in other organizations _____

Type of membership applied for –

Life – Single () Life – Couple () Annual Single () Annual Couple () Associate ()

Any other relevant information _____

I understand the aims and objectives of INMA and agree with the rules and regulations of the organization.

I hereby apply for _____ and enclose the

Membership fee _____ by Cheque/Cash/DD drawn in favour of Indian Nutritional Medical Association payable at Kochi.

Signed(Name) _____

Date _____

Office use _____

(All outstation cheque , please add Rs. 50/- extra)