ABBOTTONIANS MEDICAL ASSOCIATION
MEMBERSHIP FORM

REGISTRATION NO_____

NAME (IN BLOCK LETTERS): ----------
FATHER'S NAME: ----------
DATE OF BIRTH : ----------
DESIGNATION: ----------

PRESENT ADDRESS : ----------

PERMANENT ADDRESS: ----------

TELEPHONE NUMBER: ----------
NATIONAL IDENTITY CARD NUMBER: ----------
BLOOD GROUP: ----------
MEMBERSHIP WITH ----------
OTHER ORGANIZATIONS: ----------

ACADEMIC QUALIFICATION ----------
AND DISTINCTIONS : ----------

SPORTING ACTIVITIES & ----------
POSITION HELD: ----------

SPECIAL INTEREST / TALENTS: ----------

TENURE AT APS & C: FROM: ----------TO : ----------
HOUSE AT APS & C : ----------

MEMBERSHIP REQUIRED [Please Tick] **Life Membership: Rs. 2000/- [ ]**
Cheques/ Postal orders to be made payable **Yearly Membership: Rs. 100/- [ ]**
to Abbottonians Medical Association. **Student Membership Rs. 50/- [ ]**

SIGNATURES:---------- **DATE : ----------**

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FOR OFFICE USE ONLY:

MEMBERSHIP NUMBER:----------DATE OF JOINING:----------
STATUS: LIFE MEMBER:[ ] REGULAR MEMBER: [ ] ASSOCIATE MEMBER: [ ]
LIFE MEMBERSHIP FEE:[Rs.2000/-] [ ] YEARLY MEMBERSHIP FEE:[Rs.100/-] [ ]
STUDENT MEMBERSHIP FEE: [Rs. 50/-] [ ]

Signature:----------

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ABBOTTONIANS MEDICAL ASSOCIATION **Annex 'F'**
MEMBERSHIP CARD

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ABBOTTONIANS MEDICAL ASSOCIATION

NAME:----------
DESIGNATION: ----------

[FRONT SIDE]

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AMA
NAME:----------
FATHER'S NAME:----------
DATE OF BIRTH:----------
NATIONAL ID CARD NO:----------
MAILING ADDRESS:----------
----------PH:----------
BLOOD GROUP: ----------

SIGNATURE OF CHAIRMAN, AMA.----------