



Shoulder & Elbow Society Membership Form

Dear Sir,

I wish to join the "Shoulder & Elbow society" as a Life Member. I am enclosing herewith a Banker's draft for Rs. 5,000/- (Rs. Five thousand only) towards subscription in favor of "Shoulder & Elbow Society" payable at Pune.

Name (Block letters):..... Surname.....

Age:.....(years) Sex: M/F Date of birth (DD/MM/YY):

Address:.....

..... City:.....

State..... Country:.....Pin code:.....

Mobile:..... Tel: (office).....

EmailID:.....

Qualification:.....

Current appointment:.....

Nature of Practice: Mostly Arthroscopy / Trauma / Both Years in Practice:.....years

Nature of practice: Medical college/Private hospital/ Own clinic

Signature (with date)

Complete the form and mail it to the under mentioned address.

Dept of Shoulder & Sports Injuries
1st Floor, PHASE II, Super Speciality Building
Deenanath Mangeshkar Hospital
ErandwanePune 411 004 Maharashtra, India
Tel 020 49153122 Email: shoulder@dmhospital.org