INDIAN MEDICAL ASSOCIATION KERALA STATE BRANCH

PATIENT CARE SCHEME

MEMBERSHIP APPLICATION FORM- 2021-22

Proposed by…….....Branch……..

Name……..Branch……

Address……..

……

Email…… Mob.no……

IMA Life Membership No……

KSMC Reg.No…….

Amount Paid……Route of Payment……

(To be renewed every 3 years by making the payment of Rs.1000/)

Charity Activities the proposed member is interested in……..

……..

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Place…… Date……

Signature…….. Name……..

Date……..