



Thalassaemia & Sickle Cell Society of Bangalore (Regd)

Guru-Nanak Niwas, No:3, 7th Road, Nandi-Durga Extension, Bangalore - 560 046.

Website : www.thalsblr.org Email Id : contactus@thalsblr.org

APPLICATION FOR MEMBERSHIP

(Use Capital Letter or Type)

Patient Name : _____ Age: _____

Parents Name : _____ Relationship : _____

Address : Res : _____ Tel No: _____

Office : _____

_____ Mob No : _____

E - Mail Id : _____

Profession : _____

Types of Membership : Patron / Life Member / Ordinary Member / Associate Member

Date : _____

Signature of
Applicant / Parent

FOR OFFICE USE ONLY

In the Executive Committee Meeting held on _____ the above Applicant has been / has not been admitted as Patron / Life Member / Ordinary Member / Associate Member

Type of Membership : _____ Membership No : _____

Receipt No : _____ Amount Rs. : _____ Dated : _____

(For Rules and Regulation Please turn over)

RULES AND REGULATIONS

1. Any Medical Person / Patients / Parent is entitled to become a member of the society.
2. Those staying in Karnataka are enrolled as members while outside state are Associates members.
3. The Membership Fees as on _____ is as follows :

Within Karnataka :

1. Patron - Rs. 1000/-
2. Life Member - Rs. 500/-
3. Ordinary Member - Rs. 100/- per year

Non Karnataka Associates Member :

1. Patron - Rs. 2000/-
2. Life Member - Rs. 1000/-
3. Ordinary Member - Rs. 200/- per year

4. Membership valid from 1st April to 31st March yearly.
5. Membership of the Society does not provide or assure you of any financial Benefits towards treating the patients.