



India Renal Foundation

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Corporate Membership

Silver **Rs.25000**
Gold **Rs.50000**
Patron **Rs.100000**

FOR OFFICE USE ONLY

Membership No. _____

Date : _____

CORPORATE MEMBERSHIP APPLICATION

The Executive Board,
India Renal Foundation,
Ahmedabad.

Dear Sirs,

I wish to become Silver / Gold / Patron member of India Renal Foundation. I have gone through the details of the membership and agree to abide by them.

I send here with Rs. _____ by Cheque / D.D. / Cash for membership subscription.

I agree that the Executive Committee's decision on my membership request shall be final and binding on me. I give below the required particulars for the consideration of the committee.

Company Name _____

Address _____

City _____ State _____ PINCODE _____

Phone _____ Fax _____ Mobile _____

E-mail _____ Birth Date _____

Organisation _____

Office Address _____

City _____ State _____ PINCODE _____

Phone _____ Fax _____ Mobile _____

Academic and professional qualifications _____

Field of Interest _____

Yours Sincerely,

Name _____

Signature _____

Designation _____

Payment Details

Cheque No. : _____ Date : _____ Amount : _____

Bank : _____ Branch : _____