



India Renal Foundation

A-1010, Infinity, Off. Corporate Road, Nr. Auda Garden, Prahladnagar, Ahmedabad-380015.

Tel.: +91-79-40027884

e-mail: irf@indiarenalfoundation.org visit us at: www.indiarenalfoundation.org

Individual Membership

Annual	Rs. 250
5 year	Rs. 1000
10 year	Rs. 2500
Life	Rs. 5000
Gold	Rs. 10000
Patron	Rs.25000

FOR OFFICE USE ONLY

Membership No. _____

Date : _____

INDIVIDUAL MEMBERSHIP APPLICATION

The Executive Board,
India Renal Foundation,
Ahmedabad.

Dear Sirs,

I wish to become Annual / Life / 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 being Annual / 5 year / 10 year / Life / Patron 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.

Name (in full) Mr./Mrs./Ms. _____

Residence 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 : _____