



Bombay Neurosciences Association

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MEMBERSHIP APPLICATION FORM

Membership ID.:

Name: _____
Last First Middle

Sex: Male Female

Birth Date:
Date Month Year

Residence Address: _____

Pin _____

Office Address: _____

Pin _____

Contact Nos.: _____

Residence: _____

Mobile: _____

Office: _____

Fax: _____

Email: _____

Website: _____

Academic Qualification:
Degree: _____

Specialty: _____

Membership Details:	Date	Membership Code/ID
Neurological Society of India (NSI)	_____	_____
Indian Academy of Neurology (IAN)	_____	_____
Any other _____	_____	_____

Current Appointment(s):	Position	Hospital/Institute	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Proposed by: _____ Seconded by: _____

BNA Membership Details:

Type: Life Member Rs.3,000/- Annual Member Rs.500/- Associate Member Rs.200/- Associate Life Member Rs.2500/-

Enrollment Fee Rs.250/- DD/Chq. No. _____ Amount _____ Bank _____

Date: _____ Member's Signature: _____