



# Indian Association for Adolescent Health

## MEMBERSHIP FORM

I would like to become a member of the Indian Association for Adolescent Health as Life/Institutional/Annual/associate/student member for the year \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Corresponding Address: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Telephone \_\_\_\_\_

Occupation/Profession \_\_\_\_\_

Specialization: \_\_\_\_\_

Agency/Institution \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Draft/Cheque \_\_\_\_\_ Date \_\_\_\_\_

I hereby declared that above information is true and I will work for the welfare of adolescent and youth and follow rules and regulations of the organization.

Signature of applicant

Proposed by

Seconded by

Approved by IAAH

Signature

Signature

Signature

### Membership:

Annual membership fee Rs.250/-; Life membership fee Rs.2500/-; Postgraduate student and non-medical faculty fee Rs. 1500/-; Institutional fee Rs.5000/- (Cheque or draft need to be prepared in the name of "Indian Association for Adolescent Health". Regd Office: Prof. Prema Bali, A-5, Greater Kailash, Enclave – II, New Delhi- 110048

Secretariat: Prof. Jugal Kishore, Department of Community Medicine, Vardhman Mahavir Medical College, New Delhi 110029; [drjugalkishore@gmail.com](mailto:drjugalkishore@gmail.com), Association website: [www.iaah1992.org](http://www.iaah1992.org)