**PAKISTAN PAEDIATRIC ASSOCIATION**

**(…………………. BRANCH)**

**MEMBERSHIP FORM**

To,

The General Secretary,

PPA (…………………..Branch)

Dear Sir/ Madam,

I hereby apply for membership of the PPA (……………………….Branch). I have read the rules and regulation and byelaws of the association and agree to abide by them.

**NAME:**

**FATHERS/HUSBAND NAME:**

**ADDRESSES:**

1. **MAILING:**

PASTE PHOTO HERE

1. **CLINIC:**

 PMDC No.:

 Blood Group:

1. **HOSPITAL:**

Mobile No:

Tel Res: Clinic: Hospital:

Fax: Email:

CNIC: - -

Designation:

QUALIFICATION/S:

|  |  |  |
| --- | --- | --- |
| DEGREE / DIPLOMA | UNIVERSITY/LICENSING BODY | YEAR OF ACQUIREMENT |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Membership category for which applied:

 LIFE MEMBER ORDINARY ASSOCIATE

**PROPOSED BY**

 NAME:

 SIGNATURE:

**SECONDED BY**

 NAME:

 SIGNATURE:

I am remitting Rupees/ words

By CASH CHEQUE PAYORDER

NO: Drawn on Bank

**Signature of Applicant**

Membership Fees

1. Life Member will pay Rs.5000/- plus Rs.1500/- (for first 3 year as ordinary member)

Total = Rs.6500/-

1. Ordinary member will pay Rs.500/- (for 1 year only. Needs to be renewed every year)
2. Associate member will pay Rs.300/- (fee for 1 year only, to be renewed every year)

REQUIREMENTS:

1. Photocopy of Degree / Diploma
2. Photocopy of PMDC Certificate
3. Photocopy of CNIC
4. 2 Passport size Photograph (blue background)

One Photograph to be pasted on form

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| --- |
| **FOR OFFICE USE**APPLICATION ACCEPTED REJECTED OBJECTED Reason of objection / rejectionMembership No. allotted: PPA- **General Secretary PPA (………………………………)** |