

**SPINAL CORD SOCIETY OF WEST BENGAL  
(SCSWB)**



**MEMBERSHIP APPLICATION FORM**

- **NAME :** \_\_\_\_\_
- **AGE :** \_\_\_\_\_ **GENDER :** \_\_\_\_\_
- **ADDRESS :** \_\_\_\_\_
- **TELEPHONE RESIDENCE :** \_\_\_\_\_ **MOBILE :** \_\_\_\_\_
- **E-MAIL :** \_\_\_\_\_
- **QUALIFICATIONS (WITH YEAR) :** \_\_\_\_\_  
\_\_\_\_\_
- **CURRENT POSITION :** \_\_\_\_\_  
\_\_\_\_\_
- **OTHER PROFESSIONAL MEMBERSHIPS :** \_\_\_\_\_  
\_\_\_\_\_
- **RELEVANT EXPERIENCE :**  
\_\_\_\_\_  
\_\_\_\_\_

- **PLEASE ALLOW ME TO BE A MEMBER OF THE SPINAL CORD SOCIETY OF WEST BENGAL (SCSWB). I SHALL ABIDE BY AND FOLLOW ALL RULES AND REGULATIONS OF SCSWB AND WILL ALWAYS WORK FOR THE INTEREST OF THE SOCIETY. ALL THE ABOVE INFORMATION ARE TRUE.**

SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

- MEMBERSHIP FEES TO BE PAID BY CHEQUE / DD IN FAVOUR OF “SPINAL CORD SOCIETY OF WEST BENGAL” PAYABLE AT KOLKATA, AS PER THE FOLLOWING AMOUNT :

- DETAILS OF CHEQUE / DD ATTACHED :

No. : \_\_\_\_\_ DATE : \_\_\_\_\_

Drawn on (Bank) \_\_\_\_\_ (Branch) \_\_\_\_\_

*FOR OFFICIAL USE ONLY*

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*Membership allowed :*

*Membership No.*