



Indian Fertility Society - West Maharashtra Chapter  
Membership Request Form

Name: .....

Qualification: ..... Date of Birth:.....

Designation: .....

Address:

Workplace:.....

Residence: .....

Address to be used for correspondence:

Workplace

Residence

Telephone Nos.:

Workplace : .....

Residence : ..... Mobile : .....

E-mail Address : .....

Type of Membership:

Life / Nonresident / Emeritus

Rs. 7,000/- only

Payment Details :

Amount : .....

Cash / Cheque / Demand Draft No. : ..... Dated : .....

Bank : : .....

Signature : : .....Name : ..... Date : .....

\* Please make Cheque / Draft in favour of "INDIAN FERTILITY SOCIETY" payable at New Delhi.

\*Please attaché two recent passport size photographs.

**Who can apply for IFS Membership** : All Professionals with postgraduate qualification such as Obstetricians & Gynaecologists, Clinical embryologists, andrologists, ultrasonologists, counsellors, geneticists and other involved in the care of infertility patients.

Mailing Address:

**SECRETARIAT**

**Indian Fertility Society - West Maharashtra Chapter**

**Crescent Exclusive, 1162/3, Shivaji Nagar, Shivaji Nagar, Pune, Maharashtra 411005**

**Mob : 9822043112**

Email: [ifsmaharashtra@gmail.com](mailto:ifsmaharashtra@gmail.com) Website: [www.indianfertilitysociety.org](http://www.indianfertilitysociety.org)