



SPINE SOCIETY OF WEST BENGAL

APPLICATION FOR MEMBERSHIP

The Secretary,
Spine Society of West Bengal,
Park Clinic,
4 Gorky Terrace,
Kolkata 700 017

I wish to join the Society as a LIFE / ASSOCIATE / HONORARY Member (strike out ones not applicable).

Name Surname DOB : / /

Address :

Town/City : State : Country :

Pincode : Email :

Mobile : Telephone : Fax :

Qualifying Degree : Institution :

Post Graduate Degree :

I hereby state that the information furnished above is true.

Date : Place : Signature :

Enclosed DD particulars :

DD No. : Amount (₹) : Date :

Bank : Branch :

**Send to : The Secretary, Spine Society of West Bengal, Park Clinic, 4 Gorky Terrace, Kolkata 700 017
e-mail : secretary@sswb.in**