



THE DRUG SOCIETY

THE DRUG SOCIETY® ALIGARH U.P. INDIA

“REGISTERED AS CHARITY BY GOVT. OF U. P. REGISTRATION No. 1817”

Webaddress: <http://www.drugsociety.org> or <http://www.medbeats.com/drugsociety>

S.No.:

Membership No.:..... (for office use)

Membership Form

First Name:

Last Name:

Age: Sex: Date of Birth:

Specialty:Designation:

Class (if student): Deptt:

Referred By :

Address :

.....

Email :@medbeats.com or

Permanent Address :

.....

Tel No. (with code)

Mobile No :

Fax No. :

Any other Detail:.....

I want to be a member because (please write here why you want to be a member of Drug Society)

.....

.....

.....

Please attach
Two
Passport size
Photograph here

Signature of applicant



THE DRUG SOCIETY® ALIGARH U.P. INDIA

“REGISTERED AS CHARITY BY GOVT. OF U. P. REGISTRATION No. 1817”

Webaddress: <http://www.drugsociety.org> or <http://www.medbeats.com/drugsociety>

Terms and Conditions:

1. Members are required to be available for Society activities.
2. All Members will have to abide by the rules of the Drug Society.
3. The Executive Committee has all the right to terminate Membership at any time without any prior information or notice or reason.
4. The Executive Committee can impose or modify any terms and condition without any prior information or notice or reason.
5. Decision of The Executive Committee will be final in all respect.
6. Initial Membership will be Associate which may or may not be changed to Junior Membership after review by The Executive Committee of the Drug Society.
7. No Member is allowed to use the Society name for his/her personal benefit.
8. All members are hereby instructed to follow the instructions of the office bearers in each and every case without any exception.
9. No member is allowed to attend any camp except under written permission from the President of The Drug Society.
10. All members are given provisional membership for the first year which may or may not be continued or modified as per the decision of the Executive Committee.

For office use only

Received sum of Rs in words (Non Refundable) From Mr / Mrs /Ms /Dr..... for..... Valid from..... To..... Date of renewal.....Date of Expiry of isMembership No..... Remarks:

Undertaking

I Son of Resident of want to be member of The Drug Society. I am hereby Sending Membership fees Rs For.....years through Cash / D.D. No..... / Cheque No in favour of Drug Society payable at Aligarh. I have read and abide by the terms and conditions of The Drug Society. All details given by me above is correct to the best of my knowledge.

Sign. of Applicant:

Sign. of President
The Drug Society

Types of Membership:	Fee	U.S. \$
Associate Member (No Certificate is issued)	300/ year	10/ year
Junior Member (< 3 yrs of joining)	600/ year	20/ year
Senior Member (> 3 yrs Joining or Post Graduate)	1200/ year	40/ year
Honorary Member (To be decided by E.C.)	--	--
Founding Member (Not Available)	--	--
Temporary Member (For Specific camp)	Free	Free
Life Member	10000 one time	250 one time
Active Member (To be decided by E.C.)	1200/ year	40/ year
Provisional Member	As per the above	

Send your cheque /D.D infavour of **Drug Society**, payable at **Aligarh**.