



SOCIETY OF PELVI-ACETABULAR SURGEONS (SPAS)

APPLICATION FOR MEMBERSHIP (LIFE/ ASSOCIATE MEMBERSHIP)

Name: _____
(BLOCK LETTERS)

Date of Birth: _____

Father's Name: _____

Mailing Address: _____

_____ Pin _____

E-mail: _____ Phone (with STD code): _____

Fax No.: _____ Mobile: _____

Qualification: _____

Year of Passing MS (Ortho/Trauma Surgery) / D Ortho: _____ Post PG Experience (in years): _____

Number of Pelvic-Acetabulum surgeries performed as:

- Lead Surgeon: _____
- First Assistant: _____

Please tick (✓) on appropriate:

Life

Associate

Online Transaction Details/ D.D./ Cheque at per no.: _____

Bank: _____

Place: _____

Date: _____

Signature of Applicant

DETAILS OF PAYMENT

Life Member / Associate Member*: Rs. 5000/- (One time)

* **Associate Member:** Shall be entitled to vote and other rights and privileges of society except hold the elective post.

Payment Details:

Account Name : **Society of Pelvi-Acetabular Surgeons**
Account No. : **42269312922**
IFSC : **SBIN0001536**
Bank Name : **State Bank of India**
Branch Name : **Ansari Nagar, New Delhi.**

DD/Cheque to be drawn in favor of
Society of Pelvi-Acetabular Surgeons
payable at the
SBI, Ansari Nagar, New Delhi.

The completed application form along with fee to be sent to

Prof. Vijay Sharma, 407, 4th Floor, JPNATC, Ansari Nagar, New Delhi-110029.
Ph.: +91-11-26731160 (O), +91-9910764502 (M) E-mail: spassociety2023@gmail.com

(Note: The membership is subject to fulfillment of the terms & conditions of the society and subject to the approval of the Governing body of the Society)