



# AHMEDABAD MEDICAL ASSOCIATION

Membership No. \_\_\_\_\_

R. No. \_\_\_\_\_

Date : \_\_\_\_\_

## CULTURAL FORUM (200 )

Name : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A.M.A. Membership No. \_\_\_\_\_

Phone No. [R] \_\_\_\_\_ [C] \_\_\_\_\_

[M] \_\_\_\_\_

Email : \_\_\_\_\_

QUALIFICATION : \_\_\_\_\_

BIRTH DATE : \_\_\_\_\_

FAMILY MEMBERS : "JOINING FORUM"

NAME :	AGE	SEX	RELATION

PREFERRED MODE OF COMMUNICATION [PLEASE TICK]

1. TELEPHONE
2. SMS
3. E-MAIL

SUGGESTIONS FOR THE PROGRAMME YOU WOULD LIKE TO ENJOY :

I agree to abide by rules of the forum  
as decided time to time by committee

\_\_\_\_\_  
Signature of member