



Life Member Application

YES! I am excited to accept the invitation to become a Life Member of the Venous Association of India.

(PLEASE PRINT LEGIBLY)

(Last Name) (First Name) (Middle Name) (Title/Degree)

(Institution or Clinic Name)

(Street Address)

(City / State / Country / Postal Code)

Work Phone :

Mobile Phone :

E-mail :

YOUR MEDICAL SPECIALITY :

SPECIAL AREAS OF INTEREST IN VENOUS DISEASE :

If elected to become a Life Member in the Venous Association of India, I agree to abide by the bylaws and be an active, contributing member.

Signature : _____ Date : _____

Lifetime dues for full members (physicians) are 2500 Indian Rupees / 35 British Pounds / 50 Euros / \$70 US Dollars. Lifetime dues for associate members (Non-Physicians) are one-half this amount. Please enclose a personal cheque for the appropriate amount made out to the Venous Association of India.

Mail your Application, CV (IF NOT E-MAILED), and your cheque to

Isha (ravuljindal@yahoo.in) | Ph : 09465221617

_____ Further Information _____

Dr. Ravul Jindal

Secretary, Venous Association of India (VAI)

Sr. Consultant-Vascular Surgery