**Individual Membership ( Year \_\_\_\_\_ )**

Title: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Gender (M/F): \_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address for Correspondence: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information:**

Highest Degree Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to participate as a volunteer for DMAI ? Yes / No.

|  |  |  |  |
| --- | --- | --- | --- |
| **Membership Type** | **Mark Box ‘X’** | **One-time Enrolment Consideration** | **Annual Renewal Fee** |
| **International Individuals /****Corporate** |  | **US $ 250** | **US $ 1200** |
| **Students / Academicians** |  | **INR 100** | **INR 250** |
| **Nurses / Para-clinical /****Paramedical****Professionals** |  | **INR 100** | **INR 500** |
| **Self Employed Doctors /****Clinical Professional /****Pharmacists** |  | **INR 100** | **INR 1500** |

|  |
| --- |
| **Method of Payment** |
| **Demand Drafts** - Demand Draft to be drawn in favour of ‘**Disease Management Association of India**’ |
| **Mailing Address** |
| 102, Siddhivinayak, Plot no,3, Sector 14, Khanda Colony, New Panvel, Mumbai 410206, Maharashtra, India.  |Tel: +91 8123618929 |F: +91 11 4582 33 55 | W: www.dmai.org.in |

**Applicant Signature**

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

**Terms and Conditions**

* Membership is open to all stakeholders in the Population Health Improvement community
* Membership of DMAI is valid for one year
* Membership fee is not transferable , refundable or prorated
* The membership is confirmed upon receipt of a duly filled in form with proper fees being paid
* If you work for an organization ( other than Government organizations ), your organization needs to be a member of DMAI , else, your membership application might be rejected