



Estd. 2014

Email:asa.india13@gmail.com

Acupuncture Science Association (ASA)

Registered under Punjab Societies Registration Act (XXI of 1860) No. 239 of 2014-15

Regd. Off: Ludhiana Acupuncture Medical College & Dr. Kotnis Hospital, Salem Tabri, Ludhiana 141 008, Punjab, India. Mob. +91 98887-02426, +91 98140-87723

Head Off: IRIIM Bhawan, Mourigram Stationpara, P.O. Unsani, Howrah 711 302, West Bengal, India. Mob. +91 98311-11317, +91 94330 47918

No.

MEMBERSHIP APPLICATION FORM

(To be filled in block letters)

Pl. paste

Applicant's

Recent Photo

Applicant's Signature
with date

To

The General Secretary, Acupuncture Science Association (ASA)

Respected Sir,

I hereby apply to be enrolled as **GENERAL/ STUDENT/ LIFE / ASSOCIATE/ DONOR OR PATRON/ HONORARY MEMBER** of our esteemed association. It is requested to accept my requisite fees along with necessary papers and filled in Form for enrollment in the association.

1. Name

2. Father's/Mother's name:

3. Date of Birth:

M/F

4. Address (Full with Pincode, **Pl. submit Residence Proof**):

Permanent:

Village/Town/City /State/Country:

Pin code:

Correspondence:

Village/Town/City /State/Country:

Pin code:

Ph. No. (Mobile & Whats App):

E-Mail:

5. Qualification (**Submit copy of Cert**):

Basic:

Professional:

6. College/ University/ Institute:

7. Area of Excellency (If any):

8. Research / Hospital (Govt./Non Govt.):

9. Extra Activities

10. Acupuncture Training at College/University/Institute (Full Name & Address; **Submit copy of Cert.**):

11. Acupuncture practice for (Duration).....

12. Medical Registration No.- Basic & Acupuncture (if any)...

13. Medical Practice/ Service for (Duration).....

14. Recommended by (Existing Member of ASA)

Full Name:

Membership No.

State:

Full Signature with Date:

I hereby declare that above stated statement is absolutely true to my knowledge. If anyhow any information or above statement is proved false, my/state membership will be cancelled instantly and fees paid for that purpose will be forfeited automatically. I shall hereby give undertaking that I shall abide by rules and regulations of the association, failing which my membership will be stood cancelled.

Date & Place

Full Signature of Applicant

*(Declaration to be made by the state authority in case of state/district/branch enrollment)
The application of the candidate is forwarded for enrollment as member in the association.
Information is true to my knowledge.*

Secretary (Name of the State/Branch)

Acupuncture Science Association (ASA) MEMBERSHIP SUBSCRIPTION (Effective from December 1, 2018)		
No.	ITEM	SUBSCRIPTION
1.	Admission Fee: (Valid for all membership except Patron & Donor)	Rs. 200 (For General, Life) Rs. 100 (for student)
2.	General Membership:	Rs. 900 (3 years)
3.	Life Membership :	Rs. 3000 (10 years)
4.	Student Membership (Annual):	Rs.200
5.	Patron Membership:	Rs. 20000
6.	Donor Membership:	Rs.10000
7.	Associate Membership:	Pl. Contact Office

***Please Note:**

1. All Bank Drafts/ Cheque should be drawn in favor of "Acupuncture Science Association (ASA)" Payable at Kolkata.
2. People can deposit cheque/ cash directly to the ASA India Head Office Bank Account: 'UCO Bank', Jhorehat – Howrah Branch; West Bengal, India.
3. A/C No. 04030110097229; IFSC: UCBA0000403; MICR Code: 700028057
4. People must immediately inform details about deposition through SMS/ Email to Head Office only.
5. Cash will only be taken by hand at ASA Head Office. Please do not send the Cash by Post within the envelope.
6. No Membership will be taken without duly filled in prescribed Membership Form, Required Documents (photocopy of ID proof & Certificate), Photos & Membership Fee (if applicable).
7. ALL THE PAPERS ARE TO BE SENT 1 COPY EACH AND PHOTOS 3 COPIES
8. Associate Member can apply in simplified 1 page Membership Form.

* See Details in Acupuncture Science Association (ASA) India Membership And State / Branch Formation Procedure Document
All correspondence should be addressed to: General Secretary, Acupuncture Science Association (ASA),
C/O 'IRIIM Bhawan' Mourigram Station Para, P.O. Unsani, Howrah 711 302, West Bengal, India

For Office Use Only

No.

Received an application from

At (name of place) by Hand/Post/Email (with Post)..... for enrollment as Member (General/
Student/ Life / Associate/ Donor / Patron/ Honorary) in the Acupuncture Science Association (ASA).

General Secretary

Date & Place:

Acupuncture Science Association (ASA)