

**Serial No: APMG/MC/** \_\_\_\_\_

**Membership Application Form**

**Academy of Pharmacy Management & Guidance**

**(A Registered Society)**

56/1, Biplabi Rash Behari Basu Road, Room C-26, First Floor, Bhagwandas Bldg. Kolkata- 700 001  
Phone: 033 – 2225 7248 Fax: 033 –2235 1211 E-mail: [apmgkol1@yahoo.co.in](mailto:apmgkol1@yahoo.co.in) Web: [www.apmgorg.in](http://www.apmgorg.in)

Name \_\_\_\_\_

of \_\_\_\_\_

Post: \_\_\_\_\_ District: \_\_\_\_\_ Pin code: \_\_\_\_\_ State: \_\_\_\_\_

as the \_\_\_\_\_ (**Ordinary/ Life**) Member of our Association.

Photograph

Telephone: \_\_\_\_\_, Mobile No: \_\_\_\_\_, Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_, Blood Group: \_\_\_\_\_, Gender: \_\_\_\_\_ (**Male/Female**)

Nationality: \_\_\_\_\_, Non Residential Indian: \_\_\_\_\_ (**Yes/No**).

Membership No: **APMG/**

*(to be filled up by the officials)*

*Any violation of the Memorandum & Article of the Association as amended and updated will qualify for penalties and/or cancellation of Membership following the rules and regulations mentioned therein.*

<b>Admission Fees:</b>	<b>Rs. 1000.00 (One Thousand only),</b>
<b>Annual Membership Fees:</b>	<b>Rs. 2000.00 (Two Thousand only)</b>
<b>Life Membership Fees:</b>	<b>Rs. 20000.00 (Twenty Thousand only)</b>
<b>Annual Affiliation fees for Regd. Organization:</b>	<b>Rs. 40000.00 (Forty Thousand only)</b>

**(2% extra will be charged if the payment has been made through valid Credit Cards)**

Received Rs. \_\_\_\_\_ ( \_\_\_\_\_ only) as Membership Application fees from you.

Payment Mode: Cash/Cheque/Draft/Credit Card. \_\_\_\_\_

Detail of payment: Cheque/Draft No: \_\_\_\_\_, Drawn on \_\_\_\_\_ Bank, \_\_\_\_\_ Branch

Card No: \_\_\_\_\_, Expiry Date \_\_\_\_\_, Amount: \_\_\_\_\_

Dated \_\_\_\_\_

Issued by \_\_\_\_\_