**Photo**

(A latest scanned passport sized color photograph to be submitted along with this application)

## MEMBERSHIP FORM

Designation: Mr./ Miss./ Mrs./ Dr. Other: ______________________________

Name: ______________________________________________________________

Name (as on membership certificate): ___________________________________

Date of Birth: ________________________________ Gender: Male/Female

Phone No: __________________________ Mobile No: ______________________

Email ID: ___________________________________________________________

Address for correspondence: ___________________________________________

_____________________________________________________________________

_____________________________________________________________________

Clinic Address: ______________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Qualification: BDS/ MDS/ UG Student#/Other¤ Specialization (If Any): __________________

Year of Graduation: _____________ Year of Post-Graduation: ____________________

College/University: ____________________________________________________

Council Registration No*.: _____________ Type of Practice: General/ Specialty/ Consultant

# UG students have to submit a bonafide certificate signed by the Dean/Principal of the college on the college letterhead.
¤ Non dentists are eligible only for Affiliate Membership.
*Scanned copy of registration certificate to be submitted along with this application.

Foundation for Orofacial Myotherapy
Office No. 6, 1st floor, Amrapali Arcade, Vasant Vihar, Thane (W) – 400610
Ph: +91 9821540186 Email: fom.org.in@gmail.com

FOUNDATION FOR OROFACIAL MYOTHERAPY

Membership fees:

| Member Category | Admission Fees | Membership Fees |
|---|---|---|
| Regular (Life) Members* | Nil | 7500/-* |
| Honorary Members | Nil | Nil |
| Academic Members | Nil | Nil |
| Student Members# | Nil | 1500/- |
| Affiliate Members | Nil | 2500/- |
| Sponsor/Supporter | Nil | Nil |

* - The membership fee will be Rs. 5000/- till 31st March 2020, after which the mentioned fees will be effective.

# - Student members will be those UG students till completion of graduation.

Membership Category: Regular/ Student/ Affiliate

Account Details:
Name: Foundation for Orofacial Myotherapy
Bank: State bank of India
Branch: PBB, Vasant Vihar, Thane Branch
Address: Chestnut Plaza, Gladys Alwares Marg, Thane (W) - 400610
A/c No.: 38470642746
IFS Code: SBIN0004314

Mode of payment: Cheque/ D.D/ Online$

Cheque/ DD No: ________________ Date: ______________ Bank & Branch: __________________

$Online Transaction ID: ______________________________ Date: _________________________

FOUNDATION FOR OROFACIAL MYOTHERAPY

Declaration:
I, the undersigned, hereby declare that all the above information provided by me is accurate and correct to the best of my knowledge. I further undertake to inform the office of the Foundation for Orofacial Myotherapy in case of any change in the above provided information. I agree to receive promotional material related to the foundation from the authorized source and permit the office to use my details for office and communication records. I agree to abide by the statutes of Foundation for Orofacial Myotherapy after my membership is accepted by Foundation for Orofacial Myotherapy. I also understand that my application will be accepted only after scrutiny of all details and relevant documents.

Name & Signature of Proposer 1: Signature of Applicant

Name & Signature of Proposer 2:

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