

APPLICATION FORM

ALL INDIA ASSOCIATION FOR ADVANCING RESEARCH IN OBESITY

To,  
The Hon. Secretary  
Association for Advancing Research in Obesity

Dear Sir,

I, hereby, apply to be enrolled as Member of the IAARO as Life / Affiliate Life / Associate / Corporate Member / Annual Membership

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Father / Husband's Name \_\_\_\_\_

Address:

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

Ph.: (O) \_\_\_\_\_ (R) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Qualification: \_\_\_\_\_

College \_\_\_\_\_

University: \_\_\_\_\_

If at any time this statement is found to be incorrect, my membership, if granted will be liable to be cancelled and the fee paid by me to AIAARO will be liable to be forfeited by them.

Please accept the Sum of Rs. \_\_\_\_\_ as my / our membership fees.

Date: \_\_\_\_\_ Place: ----- Signature: \_\_\_\_\_

## Membership Subscription

1. Life Member	:	Rs. 3000/-
2. Couple	:	Rs. 5000/-
3. Affiliate Life Member	:	Rs. 3000/-
4. Associate Member	:	Rs. 1000/-
5. Couple Associate Member	:	Rs. 1500/-
6. Corporate Member	:	Rs. 25000/-
7. Obesity Interest Group	:	
Annual Subscription	:	Rs. 300/-

### LIFE MEMBER

(Medical Practitioners Life)

- A) Life Member (Medical Practitioner)
- B) Couple Life Members
- C) Affiliate Life Members (Paramedical Practitioners like nutritionist, dietitian, physiotherapist, therapist etc.)
- D) Couple Associate Member (Automatically terminated after three years)
- E) Corporate Member (Automatically Terminated after three years)
- F) Honorary Member

### Address

Dr Banshi Saboo  
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