Indian Speech and Hearing Association Gujarat Branch

Regd. Under the Bombay Registration Act. Mumbai Act No. 29 Registration No. F/11413/Ahmedabad Under the trust act of 1860 Act N0. 21 Registration No. Guj/11552/AM



**Application for Membership**

**Name…………………………………………………………………Surname……………………………**

**Date of Birth………………………………………..Age…………………….Sex………………………..**

**Mailing Address…………………………………………………………………………………………….**

**…………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………..**

**City ………………………………………………Pin…………………………State……………………..**

**Phone Number………………………………….Cell No…………………………………………………**

**Email………………………………………………, ………………………………., ………………………**

**Professional Affiliation**

1. **Audiologist**
2. **Speech Pathologist**
3. **Otolaryngologist**
4. **Others**

**Educational Qualification :**

Degree Year Institution/University

1.

2.

3.

**Present Employment:**

Designation…………………………………………………Department………………………………..

City……………………………………..Pin…………………………….State…………………………..

Phone Number…………………………………………………………………………………………….

**Proposed By: (Name & Address) ……………………………………………….. ……………………………………………….. …………………………………………………...........................................................................................................................**

 **Seconded By: (Name & Address)**

 **………………………………………………………………………………………………………...**

 **…………………………………………………………………………………………………………**



 **I have read the by-laws of the Association. I hereby promise to abide by the by-laws of the association.**

**Signature……………………………….**

**Place ……………………………………**

**Date……………………………………..**



**OFFICE USE ONLY**

**Admitted as Ordinary/Associated/Life member by the Executive Council from………………..**

**…………………………………………………….. at its meeting held on …………………………….**

**And ratified by the General Body of ISHA – Gujarat Branch held at ……………………………..**

**On …………………………………………….. and membership number is ………………………….**

**Date : ………………………….**

**Hon. Secretary**



**INSTRUCTIONS:-**

1. **Please type the application form or write in block letters.**
2. **Filled up application form and send to :-**

 **Hemant J. Patel**

**Hon. Secretary**

**ISHA – Gujarat Chapter**

**Block B314, Sun Westbank**

**Near Shiv cinema, Ashram Road, Ahmedabad 380009.**

**Mob: +91 9825318384**

1. **Cheque/ DD in favour of “ Indian Speech and Hearing Association , Gujarat branch”**
2. **Bank details for online payment: BANK OF BARODA,**

 **CURRENT A/C NO. 03260200000502**

 **ELLISBRIDGE BRANCH,**

 **IFSC CODE: BARB0ELLISB**

**Life membership fees Rs. 3000/- for BASLP and above degree holder, other professionals like DHLS or otolaryngologists or others can be an associate or ordinary members of this association.**

1. **Please send a copy of Degree certificate and RCI Registration certificate**
2. **Please inform ISHA – Gujarat Branch if there is any change in your**
	* **Address**
	* **Designation**
	* **Educational Qualification.**
	* **Via email: ishagujarat2020@gmail.com**