



Pelvic Floor Society

Estd: 2019

To
The Secretary
Pelvic Floor Society,
307 Doctor House
Opp Jaslok Hospital, Peddar Road,
Mumbai 400026
Contact No. 23515736

Dear Sir,

Kindly enroll me as a Life member of Pelvic Floor Society The requisite particulars are given below:

1. Name (in full) Prof./Dr./Mr. : _____
2. Qualifications : _____
3. Designation : _____
4. Address (for Communication) : _____
_____ Pin Code: _____
5. Mob: _____ Email ID: _____
6. Field of medicine connected with Pelvic Floor _____

(Specify here specialty such as Colorectal, Gynecology, Urology, Urogynec, Physiology etc)
7. Attachment to the Hospital : _____

Membership Fee: FREE

Signature & Date :

To be completed by the person(s) proposing and seconding the membership of the application.

To the best of our knowledge and belief the overleaf particulars of

Dr. _____ Place _____ are correct.

We consider him/her fit and proper person to be admitted as a Life member of the Pelvic Floor Society.

Proposed by:

Signature:

Name :

Lifetime Membership No. :

Email :

Contact Number:

Address:

Seconded by:

Signature:

Name :

Lifetime Membership No. :

Email :

Contact Number:

Address:

(To be completed by the Founder Body of the Pelvic Floor Society)

- **Admitted as Life member of the Society.**
- **Application rejected for the above reasons (Delete clause which is not applicable)**

Place :

Signature : _____

Date :

Designation : _____