



THE RMJ MEMBERSHIP FORM

Name: _____ Number of Copies: _____

Organization (if applicable): _____ Department: _____

Position: _____ Designation: _____

Address: _____

Contact No.: _____ Email: _____

Please tick the type of Membership you wish to have

Annual Membership [Fee - INR 500]

Life Membership [Fee - INR 2,000]

Please find enclosed Cash / Cheque / DD No. _____ Dated _____

Drawn on (Bank Name) _____

For INR _____ favoring The Principal, SMS Medical College, Jaipur towards

New Subscription

Renewal of Subscription

Signature

Place: _____