## FPSI Membership Request Form

Fertility Preservation Society (India) Registered Office & Secretariat: No 1, Uma Admirality, First Floor, Bannerghatta Road, Bangalore 560029.	
Name:	
Qualification:	Date of birth:
Designation:	
Address:	
Workplace:	
Residence:	
Address to be used for correspondence	☐ Workplace  ☐ Residence
Telephone No. : Workplace:	Residence
Mobile E-mail address:	
Amount:	
Cash / Cheque / Demand Draft No / Online	e Transfer Details.
Date: Bank:	
Signature: Nam	ne: Date:
*Please make Cheque / Draft in Favor of	
FERTILITY PRESERVATION SOCIETYA / C No: 914020019747855 (Axis Bank)IFSC Code: UTIB0001358Branch: Safdarjung Enclave, New Delhi	
Please attach two recent passport size photographs	

## **Special Interest:**

1. Fertility preservation-Social indication	
2. Fertility preservation-Oncology	
3. Fertility preservation male	
4. Fertility preservation-Childhood	
5. Fertility preservation-Adolescence	
6. Others	
Type of Membership	
1. Founder Member	₹ 20,000/- (Inclusive of GST) $\Box$
2. Patron Member	₹ 10,000/- (Inclusive of GST) $\Box$
2. Patron Member 3. Life Member	₹ 10,000/- (Inclusive of GST) □ ₹ 5,000/- (Inclusive of GST) □

**Eligibility for Associate members:** Non clinical members which include, embryologist, psychologists, counsellors, NGS's, social workers, lawyers

## SCAN FOR UPI PAYMENT



Mailing Address SECRETARIAT

**Fertility Preservation Society (India)** No 1, Uma Admirality, First Floor, Bannerghatta Road, Bangalore 560029. *Website:* www.fpsind.com *Email Address:* fertilitypreservationsociety@gmail.com