

Date: _____

To,
The Hon. Secretary
National Liver Foundation
303, Doctor House,
Opp Jaslok Hospital
Peddar Road,
Mumbai 400026

Dear Sir,

I am desirous of becoming a member of the National Liver Foundation and hereby apply to be admitted as a member subject to the provisions of the memorandum of the Association and Rules and Regulation of the National Liver Foundation, Mumbai.

Enclosed please find cheque/cash for a sum of Rs. 2000/- being life membership fees.

Thanking you,
Yours sincerely,

Signature of the Applicant.



NATIONAL LIVER FOUNDATION

303, Doctor House, Opp Jaslok Hospital, Peddar Road, Mumbai- 400026

Tel : 23535591/23516591 Fax:91-22-23534519**

Email:nationalliverfoundation@gmail.com

Website: nfindia.com

APPLICATON FORM FOR MEMBERSHIP

Name of the Applicant:

Address:

Age

Telephone No Resi:

Office

Educational Qualification:

Present Vocation:

**Detail of other Institutions or Welfare
Organizations of which you are a member**

**Any particular aspect of work related to
Liver Diseases you are interested in:**

Category of membership applied for:

LIFE/HONORARY

SIGNATURE OF THE APPLICANT:

(p.s. cheque of Rs. 2000/- to be drawn in favour of National Liver Foundation)