



ASSOCIATION OF FACIAL AESTHETICIANS & AESTHETIC SURGEONS OF INDIA (AFAASI)

#20, 27th B Cross, 4th Block Jayanagar, Bangalore - 560011

APPLICATION FOR MEMBERSHIP

All fields are mandatory: All the data must be entered in capital letters

Passport Photo

MEMBERSHIP TYPE

Date:

Individual Member

Life Member ☐

Affiliate Member ☐

Associate Member

PG ☐

MBBS, BDS ☐

Corporate Member

Platinum Member ☐

Gold Member ☐

Silver Member ☐

Name:

Gender : Male ☐ Female ☐

Correspondence Address:

Address proof to be enclosed

State: Mobile No.

Residence contact No. Email ID.

Qualification. (Enclose relevant certificate) Specialty.

Medical / Dental Council Regn. No.

Membership with other Professional Associations

IF CORPORATE MEMBER

Name of the Company:

Name of the Representative:

Contact No:

PAYMENT

By DD/Cheque No: Dated: Drawn on Bank

in favour of "AFAASI" payable at Bangalore.

For online registrations visit www.afaasi.com