

LIGA MEDICORUM HOMOEOPATHICA INTERNATIONALIS ASSOCIATION (INDIAN CHAPTER)

Head Office: A-51, South Ext. Part-I, New Delhi-110049



APPLICATION FORM FOR INDIVIDUAL MEMBERSHIP

First Name :

Last Name :

Title(s):

Place of Birth:

Date of Birth: (D) (M) (Y)

Address:

City: State:

Pin Code: Country:

Telephone: Mobile:

Fax:

E-Mail:

Academic Qualification:

Name of College:

Year of Passing: (D) (M) (Y)

Post Graduation:

Name of College:

Year of Passing: (D) (M) (Y)

I hereby apply for (tick ✓ any one)

(1) Annual Membership (2) Life Membership

I undertake to pay the ANNUAL FEE of Rs. 1500/- or LIFE MEMBERSHIP FEE of Rs. 10000/- by Cheque/
Draft No..... (payable at NEW DELHI) in favour of LMHI (Indian Chapter).

I have enclosed photocopies of my Homoeopathic Diplomas/Degrees & 2 passport size recent photographs.

Place:

Date:

Signature:

All registered members shall receive:

1. Liga letter/certificate (as Primary Member / Associate Member)/stickers issued from central office Liga
2. E Liga news
3. Special discount at LIGA/LMHI congress

Please mail completed form to :

C-2/48, Janak Puri, New Delhi-110058

For further information mail to us at : ligaindia@gmail.com