



# HEART FAILURE ASSOCIATION OF INDIA

## LIFE MEMBERSHIP FORM

(Fields marked with (\*) are mandatory)

Name\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Pin Code: \_\_\_\_\_ Country\*: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile No. \*: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_

Qualifications:

(Degree) \_\_\_\_\_ (University) \_\_\_\_\_ (Year) \_\_\_\_\_

(Degree) \_\_\_\_\_ (University) \_\_\_\_\_ (Year) \_\_\_\_\_

(Degree) \_\_\_\_\_ (University) \_\_\_\_\_ (Year) \_\_\_\_\_

Training course in Cardiology\*: \_\_\_\_\_

Institution\*: \_\_\_\_\_

Type of Training/Course: \_\_\_\_\_

Experience: \_\_\_\_\_

Present Appointment: \_\_\_\_\_

Membership of other Societies (specify): \_\_\_\_\_

Membership type applied for

Fellow member  
Rs. 5000/-

Associate member  
Rs. 2000/-

Proposed by\*.

HFAI Membership number of the proposer\*

Date