



INDIAN HEALTHCARE ASSOCIATION
IHA House, Shree Kalp, 3-Dhruv Nagar,B/h. Amrapali Cinema,
Raiya Road,Rajkot. Gujarat. 360001 (India)
Tel No: 0281 – 2455558

MEMBERSHIP APPLICATION FORM
Annual / Life/ Direct Membership Application Form
(All details to be filled in Block Letters)

Applicants Name:

Father's / Husband's Name:

Date of Birth: Designation:

Address (Permanent/Correspondence):

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Official Address:

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Mobile No. : Tel (R) Tel (O).....

Email Id:

Opted membership: Annual/Life/Direct

I hereby give undertaking that I shall abide by the Rules and Regulations of IHA.

Date:

Place:

Signature:

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For Office Use Only

Received payment through cash/cheque/DD

Drawn on

Bank.....

Dated.....

No.....

Receipt No.

Validity of Membership:

Date:

From To

Life Membership.....

Signature of Authorized Signatory

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