

Society of Fetal Medicine (SFM)

Regd. Office: C 584, Defence Colony, New Delhi - 110024. India

Membership Registration Form

Name:			
(First Name)	(Middle Name)	(Last Name)	
Age:Sex:	Date of Birth (dd/mm/yyyy):		
Qualifications:			
Major Area of Work: Imaging	Genetics	Clinical Obstetrics	
Obstetrician in Fetal Medicine	Others		
Postal Address:			
Email Address:			
Preferred Contact No.(s):			
Title & Organisation:			
Would you like to receive the informa	ation by:		
SMS E mail		Please affix a recent	
Type of Membership and Fees (including GST) passport size			
• Standard Membership (Valid for 10 years) : INR 6500/-			
• Lifetime Membership ("Patron Membership") : INR 16000/-			
Payment Details:			
Amount (in words):			
Amount (in figures):			
Cash/ Cheque/ Draft No	Dated:		
Bank Name:			
 Please make Cheque/ Draft in favour o For Bank Transfer: Account Name: "S Bank Name & Address: CanaraI IFSC Code: CNRB0019111 SWIFT C 	Society of Fetal Medicine" Account N Bank, Sir Gangaram Hospital, Raji	o.: <u>91111010002044</u>	
Date:	Signature:		



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Membership benefits include:

- 1. Being part of a fraternity of like-minded individuals
- 2. Discounted access to quarterly meetings
- 3. 20% discount on all SFM Continuing Professional Development Programs
- 4. 20% discount at the International Congresses of the Society of Fetal Medicine
- 5. Regular emails and WhatsApp messages on Fetal Medicine activities all over the world
- 6. Substantial discount on the print copy subscription to the Journal of Fetal Medicine
- 7. Online subscription to the Journal of Fetal Medicine is free of charge

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