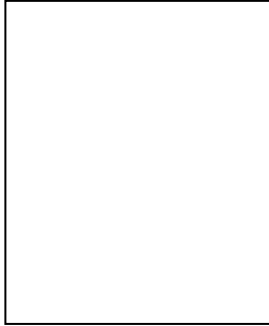




# Indian Aligner Society

## MEMBERSHIP FORM



Scan QR to pay



PLEASE FILL THIS FORM IN CAPITAL LETTERS ONLY

Name: .....  
Surname Name Father Name

Name You Want On The Certificate .....  
Maximum Twenty Five Characters

Degree: ..... Speciality (If Master Degree): .....

Dental Council Registration Number: .....

State and Country of Registration: .....

Address for Communication: .....  
.....

City: ..... State: .....

Country: ..... Zip: .....

Mobile Number (With Country Code): + .....

Email: .....

Paid INR 5000 (Indian)/US\$100 (Non-Indian) by ..... on Date ..... Ref. Number .....  
Online / Cash / Cheque DD/MM/YYYY Transaction / Reference / Cheque  
in favour of "Indian Aligner Society"

Hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I confirm I am a Licensed Dentist / Technician / Researcher / Industry Personnel.

Signature: .....  
\*Submit the filled form within 7 days from the date of payment, later it will not be considered.

### FOR OFFICE USE ONLY

Received: ..... Through (Online/Cash/Cheque) Detail: .....

Allotted Membership Number: ..... Membership Type: ..... Membership Category: .....

Referred By: .....