

	<p><b>POWER</b>  <b>Pharmacists Organization for Women Empowerment  and Research</b>  <b>Membership Application</b>  Website: <a href="http://www.power-india.com">www.power-india.com</a>  E-Mail : <a href="mailto:powerpharmacists@gmail.com">powerpharmacists@gmail.com</a></p>	<p>Attach recent  passport size  photo</p>
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FULL NAME:.....

Name as to be written on the membership certificate .....

CONTACT ADDRESS:.....

.....  
.....

DATE OF BIRTH: ..... OCCUPATION: .....

MOBILE NUMBER: ..... WHATSAPP NUMBER: .....

EMAIL ID(s): .....

MEMBERSHIP DETAILS: (TICK WHERE APPLICABLE)

LIFE MEMBERSHIP (VALID FOR 10 YEARS ONLY) – Rs 2000/- (offer valid till 31-12-2016, membership fee is Rs 3000/- from 1-1-2017).

ANNUAL MEMBERSHIP – Rs 500/-

**Payment to be made by online transfer only, to the following account:**

**ACCOUNT NAME:** Pharmacists Organization for Women Empowerment and Research POWER

**ACCOUNT NUMBER:** 581302010002264 **BANK NAME:** UNION BANK OF INDIA

**IFSC Code:** UBIN0558133 **BRANCH NAME :** Gelayarabalaga Branch, Chikkasandra, Bangalore-560090

**PAYMENT DETAILS:**

**Date of transaction:**----- **Bank name:**-----

**Branch name:**----- **City:**-----

**RTGS/NEFT Transaction number**-----

**Amount:**----- **Depositors Name:**-----

**I hereby request you to kindly enroll me as a member of POWER.**

**Signature of the applicant**

**Date:**

Applicants may scan and upload the completely filled membership application form and email it to [powerpharmacists@gmail.com](mailto:powerpharmacists@gmail.com) with the SUB: APPLICATION FOR MEMBERSHIP.

**For office use only**

**Date of enrollment**.....**Membership number**.....**Validity:**