

ISKD MEMBERSHIP FORM

**The Secretary
Indian Society of Kawasaki Disease**

Date.....

Name in full.....
(Write Name in Block letters)

Academic Qualifications.....

Designation..... Present Attachment.....

Are you a Pediatrician / Pediatric Rheumatologist / Cardiologist / Researcher

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Residential Address.....

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Office Address.....

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Mobile..... Email ID.....

Yours faithfully,

.....

Signature

- a) The annual subscription fee for Associate members - Rs. 500
- b) For Life membership - Rs. 3000
- c) Founder members Life Membership - Rs. 5000
- d) Corporate Members will subscribe with a Yearly fee of Rs. 50,000

Note: These figures may be changed by the Society from time to time.