

# Membership Form 2026-27: Indian Menopause Society



Dr. Sudhaa Sharma

President

Dr. Hephzibah Kirubamani

Treasurer

Dr. Bipasa Sen

Vice President

Dr. Sheela Mane

Jt. Treasurer

Dr. Jyoti Jaiswal

Secretary General

Dr. Shubha Sethia

Jt. Secretary



**Membership is open to any person with an interest in research, teaching or development activities in the areas of menopause.**

**Category:** A- Gynaecologists \_\_\_\_\_ B-Non-Gynaecologist Medical Doctors \_\_\_\_\_  
C- Non Medical Persons (Including Non Medical Doctors)\_\_\_\_\_.

**Title:** Dr / Mr / Mrs / Prof. Full Name: \_\_\_\_\_

**Specialty:** \_\_\_\_\_ **Qualifications:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin code** \_\_\_\_\_

**WhatsApp Mobile number:** \_\_\_\_\_ **Telephone No (with STD code) :** \_\_\_\_\_

**Email (Mandatory) in CAPITAL LETTERS:** \_\_\_\_\_

**Profession/Occupation:** \_\_\_\_\_

**Adhaar No:** \_\_\_\_\_ **PAN No:** \_\_\_\_\_ **Current Position:** \_\_\_\_\_

**Affiliation with Institutions/Societies** \_\_\_\_\_

**Community / Extension Services:** \_\_\_\_\_

(Please include any membership of Rotary/Lions/Jaycees/ Ladies Organization)

**Select Society as per your location: Chennai**

**Membership Fee: Life membership Fees:**

For Society: Rs.3000/- (For Chennai Menopause Society)

Rs.3000/- + 540/- (GST) = 3540/- (HQ)

**TOTAL: Rs.6540/-**

**Please read Membership rules on**

[www.indianmenopausesociety.org](http://www.indianmenopausesociety.org)

NRI Life Membership: \$ 250 +\$45 (18% GST) = \$ 295

Please submit the membership form along with Cheque/DD to the respective Chennai Menopause Society before the 25<sup>th</sup> of any month for instant processing of Life memberships.

I enclose here the Cheque / DD No. \_\_\_\_\_ of \_\_\_\_\_ (Bank Name) Dated \_\_\_\_\_

IN FAVOR OF \_\_\_\_\_ with Membership Form, towards

Life Membership. I have read the Rules and Regulations of IMS and promise to be abided by it.

I certify that the information submitted here is complete & correct to the best of my knowledge.

Date: \_\_\_\_\_ Signature of applicant \_\_\_\_\_

Proposed by life member of IMS, Name \_\_\_\_\_ Mem. No. \_\_\_\_\_ Sign \_\_\_\_\_

You will receive a Life Membership E - Certificate by E - Mail on completion of processing within **30 days** of remittance of fees.